

TAKEN PLACE FOR A PARTICULAR PROVIDER.
 COBOL NAME: CHOW-CNT
 CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100
 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
 COBOL NAME: CHOW-DT
 CITY 28 15 42 C PROV3225
 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
 COBOL NAME: CITY
 COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.
 COBOL NAME: COMPL-ACCEPT-PLAN-COR
 VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC
 COMPLIANCE: STATUS 1 44 44 C PROV2715
 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.
 COBOL NAME: STATUS-COMPL
 VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					

ELIGIBILITY CODE 1 74 74 C PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: ELIG-CD
 VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
 00020 BLUE CROSS (ARKANSAS)
 00030 BLUE CROSS (ARIZONA)
 00040 BLUE CROSS (CALIFORNIA)
 00060 BLUE CROSS (CONNECTICUT)
 00070 BLUE CROSS (DELAWARE)
 00090 BLUE CROSS (FLORIDA)
 00101 BLUE CROSS (GEORGIA)
 00121 HEALTH CARE SERVICE CORPORATION
 00122 HCSC - MICHIGAN
 00123 HCSC OF MICHIGAN
 00130 BLUE CROSS (INDIANA)
 00131 ADMINISTAR FEDERAL (CHICAGO)
 00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150 BLUE CROSS (KANSAS)
 00160 BLUE CROSS (KENTUCKY)
 00180 BLUE CROSS (MAINE)
 00190 BLUE CROSS (MARYLAND)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00200					BLUE CROSS (MASSACHUSETTS)
00210					BLUE CROSS (MICHIGAN)
00220					BLUE CROSS (MINNESOTA)
00230					BLUE CROSS (MISSISSIPPI)
00231					BLUE CROSS (LOUISIANA)
00241					BLUE CROSS (MISSOURI)

00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	118	125	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	126	133	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	134	138	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	139	148	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	149	149	C	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE	2	150	151	C	PROV1725
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES: Y YES	1	152	152	C	PROV2045

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE ABBREVIATION	2	153	154	C	PROV3230
STATE ABBREVIATION					
COBOL NAME: STATE-ABBREV					
VALUES:					
AK					ALASKA
AL					ALABAMA
AR					ARKANSAS
AS					AMERICAN SAMOA
AZ					ARIZONA
CA					CALIFORNIA
CN					CANADA
CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO

NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA)	2	155	156	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE

09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT

48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
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THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 230 230 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL
2 RECERTIFICATION
3 TERMINATION
4 CHANGE OF OWNERSHIP
5 VALIDATION (ACCRED HOSPITAL)

TYPE OF CONTROL 2 231 232 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01 VOLUNTARY NON-PROFIT - CHURCH
02 VOLUNTARY NON-PROFIT - PRIVATE
03 VOLUNTARY NON-PROFIT - OTHER
04 PROPRIETARY
05 GOVERNMENT - FEDERAL
06 GOVERNMENT - STATE
07 GOVERNMENT - LOCAL
08 GOV. - HOSP. DIST. OR AUTH.

ZIP CODE 5 233 237 C PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE 2 238 239 C FIPSTATE

FIPS STATE CODE

COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE 3 240 242 C FIPCNTY

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE 3 243 245 C SSAMSACD

SSA MSA CODE

COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE 1 246 246 C SSAMSASZ

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 9

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

ACCREDITATION EFFECTIVE DATE	8	247	254	C	PROV0000
THE EFFECTIVE DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA).					
COBOL NAME: ACCRED-EFF-DT					
ACCREDITATION EXPIRATION DATE	8	255	262	C	PROV0005
THE EXPIRATION DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMITTEE ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA).					
COBOL NAME: ACCRED-EXP-DT					
ACCREDITATION INDICATOR	1	263	263	C	PROV0010
INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER.					
COBOL NAME: ACCRED-STAT					
VALUES:	0	NONE			
	1	JCAHO			
	2	AOA			
	4	BOTH			
ALCOHOL/DRUG UNIT BEDS	3	264	266	N	PROV0040
THE NUMBER OF BEDS IN A PPS EXEMPT ALCOHOL/DRUG UNIT OF A HOSPITAL.					
COBOL NAME: ALCOH-DRG-UNIT-BED-SZ					
ALCOHOL/DRUG UNIT EFFECTIVE DATE	8	267	274	C	PROV0045
THE DATE AN ALCOHOL/DRUG UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM (PPS).					
COBOL NAME: ALCOH-DRG-UNIT-EFF-DT					
ALCOHOL/DRUG UNIT INDICATOR	1	275	275	C	PROV0050
INDICATES IF A HOSPITAL HAS A PPS EXEMPT ALCOHOL/DRUG UNIT.					
COBOL NAME: ALCOH-DRG-UNIT-IND					
VALUES:	Y	ALC/DRG UNIT			
ALCOHOL/DRUG UNIT TERMINATION CODE	1	276	276	C	PROV0055
INDICATES THE REASON THAT AN ALCOHOL/DRUG UNIT IS NO LONGER EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM.					
COBOL NAME: ALCOH-DRG-UNIT-TERM-CD					
VALUES:	0	ACTIVE			
	1	VOLUNTARY-MERGER OR CLOSURE			
	2	VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT			
	3	RISK OF INVOLUNTARY TERMINATION			
	4	VOLUNTARY-OTHER			
	5	FAILURE TO MEET HEALTH/SAFETY			
	6	FAILURE TO MEET AGREEMENT			

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 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ALCOHOL/DRUG UNIT TERMINATION DATE THE DATE AN ALCOHOL/DRUG UNIT'S EXEMPTION FROM THE PROSPECTIVE PAYMENT SYSTEM IS TERMINATED. COBOL NAME: ALCOH-DRG-UNIT-TERM-DT	8	277	284	C	PROV0060
BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS	4	285	288	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	4	289	292	N	PROV0755
CERTIFIED RN ANESTHETISTS NUMBER OF FULL-TIME EQUIVALENT CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-CERT-RN-ANEST	7.2	293	299	N	PROV0760
CLIA - HOSP LAB ID #1 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-A	10	300	309	C	PROV0130
CLIA - HOSP LAB ID #2 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-B	10	310	319	C	PROV0135
CLIA - HOSP LAB ID #3 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-C	10	320	329	C	PROV0140
CLIA - HOSP LAB ID #4 NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). COBOL NAME: CLIA-ID-NUM-D	10	330	339	C	PROV0145
CLIA - HOSP LAB ID #5	10	340	349	C	PROV0150

NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN
ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT
ACT (CLIA).

COBOL NAME: CLIA-ID-NUM-E

COMPLIANCE: LIFE SAFETY CODE 1 350 350 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN
RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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COMPLIANCE: SCOPE OF SERVICE	1	351	351	C	PROV0280
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INDICATES IF A WAIVER OF THE SCOPE OF SERVICES
REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL.

COBOL NAME: COMPL-SCOPE-OF-SERV

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: TECHNICAL PERSONNEL	1	352	352	C	PROV0285
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INDICATES IF A WAIVER OF THE TECHNICAL PERSONNEL
REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL.

COBOL NAME: COMPL-TECH-PERSNL

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE	1	353	353	C	PROV0290
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INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE
REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

CURRENT SURVEY EVER ACCREDITED	1	354	354	C	PROV3545
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INDICATES IF THIS PROVIDER WAS AN ACCREDITED HOSPITAL
ANYTIME DURING THE CURRENT SURVEY.

COBOL NAME: CURRENT-EVER-ACCRED

VALUES: N NO
Y YES

CURRENT SURVEY EVER NON-ACCRED	1	355	355	C	PROV3555
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INDICATES IF THIS PROVIDER WAS A NON-ACCREDITED
HOSPITAL ANYTIME DURING THE CURRENT SURVEY.

COBOL NAME: CURRENT-EVER-NON-ACCRED
 VALUES: N NO
 Y YES

CURRENT SURVEY EVER SWINGBED 1 356 356 C PROV3550
 INDICATES IF THIS PROVIDER WAS A SWINGBED HOSPITAL
 ANYTIME DURING THE CURRENT SURVEY.
 COBOL NAME: CURRENT-EVER-SWINGBED
 VALUES: N NO
 Y YES

DATE OF VALIDATION SURVEY 8 357 364 C PROV0450
 DATE A VALIDATION SURVEY IS PERFORMED BY THE STATE
 AGENCY IN A JCAH OR AOA ACCREDITED HOSPITAL.
 COBOL NAME: DT-VALID-SURVEY
 DIETICIANS 7.2 365 371 N PROV0820
 NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A
 FACILITY.
 COBOL NAME: NUM-DIETICIANS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	372	375	C	PROV0485
INHALATION THERAPISTS NUMBER OF FULLTIME EQUIVALENT INHALATION THERAPISTS EMPLOYED BY A HOSPITAL. COBOL NAME: NUM-INHAL-THERAPY	7.2	376	382	N	PROV0950
LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY. COBOL NAME: NUM-LPN-LVN	7.2	383	389	N	PROV0955
MEDICAL SCHOOL AFFILIATION THE TYPE OF AFFILIATION THAT A HOSPITAL MAY HAVE WITH A MEDICAL SCHOOL. COBOL NAME: MED-SCHL-AFF VALUES: 1 MAJOR 2 LIMITED 3 GRADUATE	1	390	390	C	PROV0645

MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655
 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
 STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
 PURPOSES.
 COBOL NAME: MEDICAID-VEND-NUM

MEETS 1861 DEFINITION 1 406 406 C PROV0670
 INDICATES IF AN EMERGENCY HOSPITAL MEETS THE DEFINITION
 OF "HOSPITAL" CONTAINED IN SECTION 1861 OF THE SOCIAL
 SECURITY ACT.
 COBOL NAME: MEETS-1861
 VALUES: Y MEETS 1861(E) (1)

OCCUPATIONAL THERAPISTS 7.2 407 413 N PROV1050
 THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL
 THERAPISTS EMPLOYED BY A PROVIDER.
 COBOL NAME: NUM-OCCUP-THERAPISTS

OTHER PERSONNEL 7.2 414 420 N PROV1075
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED
 PERSONNEL EMPLOYED BY A FACILITY.
 COBOL NAME: NUM-OTHER-PERSNL

PARTICIPATING CODE (Y,N) 1 421 421 C PROV1575
 THIS CODE INDICATES WHETHER A PROVIDER IS PARTICIPATING
 IN THE MEDICAID OR MEDICARE PROGRAM.
 COBOL NAME: PARTICIPATING-CD
 VALUES: N NON-PARTICIPATING PROVIDER
 Y PARTICIPATING PROVIDER

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICAL THERAPISTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS-THERAPY	7.2	422	428	N	PROV1125
PHYSICIAN ASSISTANTS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC. COBOL NAME: NUM-PHYS-ASSIST	7.2	429	435	N	PROV1115
PPS PREVIOUS PROVIDER NUMBER A PROVIDER NUMBER PREVIOUSLY ASSIGNED TO A PPS EXEMPT	6	436	441	C	PROV1520

PROVIDER OR UNIT.
 COBOL NAME: OLD-PROV-NUM
 PROGRAM PARTICIPATION 1 442 442 C PROV1670
 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,
 MEDICAID, OR BOTH PROGRAMS.
 COBOL NAME: PROG-PARTCI
 VALUES: 1 MEDICARE ONLY
 3 MEDICARE AND MEDICAID

PSYCHIATRIC UNIT BEDS 3 443 445 N PROV1690
 THE NUMBER OF BEDS IN A PPS EXEMPT PSYCHIATRIC UNIT OF
 A HOSPITAL.

COBOL NAME: PSY-UNIT-BED-SZ
 PSYCHIATRIC UNIT EFFECTIVE DATE 8 446 453 C PROV1695
 THE DATE A PSYCHIATRIC UNIT BECAME EXEMPT FROM THE
 PROSPECTIVE PAYMENT SYSTEM (PPS).

COBOL NAME: PSY-UNIT-EFF-DT
 PSYCHIATRIC UNIT INDICATOR 1 454 454 C PROV1700
 INDICATES IF A HOSPITAL HAS A PPS EXEMPT PSYCHIATRIC
 UNIT.
 COBOL NAME: PSY-UNIT-IND
 VALUES: Y PSYCH UNIT

PSYCHIATRIC UNIT TERMINATION CODE 1 455 455 C PROV1705
 INDICATES THE REASON THAT A PSYCHIATRIC UNIT IS NO
 LONGER EXEMPT FROM PPS.

COBOL NAME: PSY-UNIT-TERM-CD
 VALUES: 0 ACTIVE
 1 VOLUNTARY-MERGER OR CLOSURE
 2 VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT
 3 RISK OF INVOLUNTARY TERMINATION
 4 VOLUNTARY-OTHER
 5 FAILURE TO MEET HEALTH/SAFETY
 6 FAILURE TO MEET AGREEMENT
 7 PROVIDER STATUS CHANGE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 14
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PSYCHIATRIC UNIT TERMINATION DATE	8	456	463	C	PROV1710

THE DATE A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM
THE PROSPECTIVE PAYMENT SYSTEM.
COBOL NAME: PSY-UNIT-TERM-DT

REGIONAL OVERRIDE #1 (NUMBER BEDS)	1	464	464	C	PROV1545
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THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
ODIE DATA ENTRY SYSTEM.
COBOL NAME: OVERRIDE-1
VALUES: Y RECORD HAS BEEN APPROVED

REGIONAL OVERRIDE #2 (STAFFING)	1	465	465	C	PROV1550
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THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
ODIE DATA ENTRY SYSTEM.
COBOL NAME: OVERRIDE-2
VALUES: Y RECORD HAS BEEN APPROVED

REGIONAL OVERRIDE #3 (NURSE - BED)	1	466	466	C	PROV1555
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THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
ODIE DATA ENTRY SYSTEM.
COBOL NAME: OVERRIDE-3
VALUES: Y RECORD HAS BEEN APPROVED

REGISTERED NURSES	7.2	467	473	N	PROV1145
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THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED
PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.
COBOL NAME: NUM-REG-NURS

REGISTERED PHARMACISTS	7.2	474	480	N	PROV1100
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THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED
PHARMACISTS EMPLOYED BY A PROVIDER.
COBOL NAME: NUM-PHARMACIST-REG

REHABILITATION UNIT BEDS	3	481	483	N	PROV1730
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THE NUMBER OF BEDS IN A PPS EXEMPT REHABILITATION UNIT
OF A HOSPITAL.
COBOL NAME: REHAB-UNIT-BED-SZ

REHABILITATION UNIT EFFECT DATE	8	484	491	C	PROV1735
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THE DATE A REHABILITATION UNIT BECAME EXEMPT FROM THE
PROSPECTIVE PAYMENT SYSTEM.
COBOL NAME: REHAB-UNIT-EFF-DT

REHABILITATION UNIT INDICATOR	1	492	492	C	PROV1740
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INDICATES IF A HOSPITAL HAS A PPS EXEMPT REHABILITATION
UNIT.
COBOL NAME: REHAB-UNIT-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 15
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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Y	REHAB UNIT
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REHABILITATION UNIT TERMINAT CODE	1	493	493	C	PROV1745
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THIS ELEMENT INDICATES THE REASON FOR A HOSPITAL
REHABILITATION UNIT'S TERMINATION OF ITS EXCLUSION
STATUS UNDER PROSPECTIVE PAYMENT SYSTEM.

COBOL NAME: REHAB-UNIT-TERM-CD

VALUES:	0	ACTIVE
	1	VOLUNTARY-MERGER OR CLOSURE
	2	VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT
	3	RISK OF INVOLUNTARY TERMINATION
	4	VOLUNTARY-OTHER
	5	FAILURE TO MEET HEALTH/SAFETY
	6	FAILURE TO MEET AGREEMENT
	7	PROVIDER STATUS CHANGE

REHABILITATION UNIT TERMINAT DATE	8	494	501	C	PROV1750
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THIS ELEMENT IS THE DATE THE HOSPITAL'S PSYCHIATRIC
UNIT IS NO LONGER EXCLUDED FROM PROSPECTIVE PAYMENT
SYSTEM.

COBOL NAME: REHAB-UNIT-TERM-DT

RELATED PROVIDER NUMBER	10	502	511	C	PROV1755
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THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

RESIDENT PROGRAM APPROVED BY ADA	1	512	512	C	PROV1805
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INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS
APPROVED BY THE AMERICAN DENTAL ASSOCIATION

COBOL NAME: RES-PGM-APPR-ADA

VALUES:	N	NOT APPROVED
	Y	APPROVED

RESIDENT PROGRAM APPROVED BY AMA	1	513	513	C	PROV1810
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INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS
APPROVED BY THE AMERICAN MEDICAL ASSOCIATION.

COBOL NAME: RES-PGM-APPR-AMA

VALUES:	N	NOT APPROVED
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Y APPROVED

RESIDENT PROGRAM APPROVED BY AOA 1 514 514 C PROV1815
INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS
APPROVED BY THE AMERICAN OSTEOPATHIC ASSOCIATION.
COBOL NAME: RES-PGM-APPR-AOA
VALUES: N NOT APPROVED
Y APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 16
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RESIDENT PROGRAM APPROVED BY OTHER 1 515 515 C PROV1820
INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS
APPROVED BY OTHER PROFESSIONAL ORGANIZATIONS.
COBOL NAME: RES-PGM-APPR-OTHER
VALUES: N NOT APPROVED
Y APPROVED

RESIDENTS (PHYSICIANS) 7.2 516 522 N PROV1165
THE NUMBER OF FULL-TIME EQUIVALENT RESIDENTS
(PHYSICIANS) EMPLOYED BY A HOSPITAL.
COBOL NAME: NUM-RESID-PHYS
SEPARATE COST ENTITY INDICATOR 1 523 523 C PROV2040
INDICATES IF A HOSPITAL HAS A UNIT IDENTIFIED AS A
SEPARATE COST ENTITY.
COBOL NAME: SEP-COST-ENTITY-IND
VALUES: Y SEPARATE COST ENTITY

SRV: ACUTE RENAL DIALYSIS 1 524 524 C PROV2055
INDICATES HOW ACUTE RENAL DIALYSIS SERVICES ARE
PROVIDED IN A HOSPITAL.
COBOL NAME: SP-ACUTE-REN-DIAL
VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: ALCOHOL AND/OR DRUG 1 525 525 C PROV2065
INDICATES HOW ALCOHOL AND/OR DRUG SERVICES ARE PROVIDED
BY A HOSPITAL.
COBOL NAME: SP-ALCOH-DRUG

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: ANESTHESIA 1 526 526 C PROV2070

INDICATES HOW ANESTHESIA SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-ANESTH

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: BLOOD BANK 1 527 527 C PROV5675

INDICIATES HOW BLOOD BANK SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-BLOOD-BANK

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 17
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: BURN CARE UNIT 1 528 528 C PROV2090

INDICATES HOW BURN CARE UNIT SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-BURN-UNIT

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: CHIROPRACTIC 1 529 529 C PROV2100

INDICATES HOW CHIROPRACTIC SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-CHIROPRACTIC

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: CORONARY CARE UNIT 1 530 530 C PROV2110
INDICATES HOW CORONARY CARE UNIT SERVICES ARE PROVIDED
BY A HOSPITAL.
COBOL NAME: SP-CORONARY-CARE
VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: DENTAL 1 531 531 C PROV2120
INDICATES HOW DENTAL SERVICES ARE PROVIDED.
COBOL NAME: SP-DENTAL
VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: DIETARY 1 532 532 C PROV2130
INDICATES HOW DIETARY SERVICES ARE PROVIDED.
COBOL NAME: SP-DIETARY
VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 18
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: EMERGENCY SERVICES(ORGANIZED)	1	533	533	C	PROV2140
INDICATES HOW ORGANIZED EMERGENCY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-EMERG-DEPT VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY STAFF AND UNDER ARRANGEMENT					

SRV: HOME CARE UNIT 1 534 534 C PROV2160
INDICATES HOW HOME CARE SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-HOME-CARE-UNIT

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: HOSPICE 1 535 535 C PROV2175
INDICATES HOW HOSPICE SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-HOSPICE

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: INPATIENT SURGICAL 1 536 536 C PROV2190
INDICATES HOW INPATIENT SURGICAL SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-INPAT-SURG

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: INTENSIVE CARE UNIT 1 537 537 C PROV2185
INDICATES HOW INTENSIVE CARE UNIT SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-ICU

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 19
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: LABORATORY (ANATOMICAL)	1	538	538	C	PROV2205
INDICATES HOW ANATOMICAL LABORATORY SERVICES ARE PROVIDED IN A HOSPITAL.					

COBOL NAME: SP-LABORATORY-ANATOM

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: LABORATORY (CLINICAL) 1 539 539 C PROV2210
INDICATES HOW CLINICAL LABORATORY SERVICES ARE PROVIDED
IN A HOSPITAL.

COBOL NAME: SP-LABORATORY-CLINIC

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: LONG TERM CARE UNIT 1 540 540 C PROV2215
INDICATES HOW LONG TERM CARE UNIT SERVICES ARE PROVIDED
IN A HOSPITAL.

COBOL NAME: SP-LTC-UNIT

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: NEONATAL NURSERY 1 541 541 C PROV2235
INDICATES HOW NEONATAL NURSERY SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-NEONATAL-NURS

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: NUCLEAR MEDICINE 1 542 542 C PROV2245
INDICATES HOW NUCLEAR MEDICINE SERVICES ARE PROVIDED
BY A HOSPITAL.

COBOL NAME: SP-NUCLEAR-MED

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 20
 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: OBSTETRICS	1	543	543	C	PROV2265
INDICATES HOW OBSTETRICS SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-OBSTETRICS					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY STAFF AND UNDER ARRANGEMENT
SRV: OCCUPATIONAL THERAPY	1	544	544	C	PROV2270
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-OCCUP-THERAPY					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED UNDER ARRANGEMENT
3					COMBINATION
SRV: OPEN HEART SURGERY FACILITY	1	545	545	C	PROV2285
INDICATES HOW OPEN HEART SURGERY FACILITY SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-OPEN-HEART-SURG					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY STAFF AND UNDER ARRANGEMENT
SRV: OPERATING ROOMS	1	546	546	C	PROV2300
INDICATES HOW OPERATING ROOM SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-OR-ROOMS					
VALUES: 0					NOT PROVIDED
1					PROVIDED BY STAFF
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY STAFF AND UNDER ARRANGEMENT
SRV: OPTOMETRIC	1	547	547	C	PROV2295
INDICATES HOW OPTOMETRIC SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-OPTOMETRIC					
VALUES: 0					NOT PROVIDED

1	PROVIDED BY STAFF
2	PROVIDED UNDER ARRANGEMENT
3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 21
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: ORGAN BANK	1	548	548	C	PROV2310
INDICATES HOW ORGAN BANK SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-ORGAN-BANK					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT			
SRV: ORGAN TRANSPLANT	1	549	549	C	PROV2315
INDICATES HOW ORGAN TRANSPLANT SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-ORGAN-TRANS					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT			
SRV: OUTPATIENT	1	550	550	C	PROV2350
INDICATES HOW OUTPATIENT SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-OUTPAT					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT			
SRV: OUTPATIENT SURGERY UNIT	1	551	551	C	PROV2355
INDICATES HOW OUTPATIENT SURGERY UNIT SERVICES ARE PROVIDED BY A HOSPITAL.					
COBOL NAME: SP-OUTPAT-SURG					
VALUES:	0	NOT PROVIDED			

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SRV: PEDIATRIC                                1      552    552    C      PROV2360
INDICATES HOW PEDIATRIC SERVICES ARE PROVIDED BY A
HOSPITAL.
COBOL NAME: SP-PEDIATRIC
VALUES:   0      NOT PROVIDED
          1      PROVIDED BY STAFF
          2      PROVIDED UNDER ARRANGEMENT
          3      PROVIDED BY STAFF AND UNDER ARRANGEMENT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHARMACY	1	553	553	C	PROV2365
INDICATES HOW PHARMACY SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHARMACY					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT			

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SRV: PHYSICAL THERAPY              1      554      554      C      PROV2370
  INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
  COBOL NAME: SP-PHYSICAL-THERAPY
  VALUES:    0              NOT PROVIDED
              1              PROVIDED BY STAFF
              2              PROVIDED UNDER ARRANGEMENT
              3              COMBINATION

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SRV: POSTOPERATIVE RECOVERY ROOM          1      555      555      C      PROV2410
      INDICATES HOW POSTOPERATIVE RECOVERY ROOM SERVICES ARE
      PROVIDED BY A HOSPITAL.
      COBOL NAME: SP-POSTOP-REC-RM
      VALUES:  0          NOT PROVIDED
                1          PROVIDED BY STAFF
                2          PROVIDED UNDER ARRANGEMENT

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3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: PSYCHIATRIC 1 556 556 C PROV2415
INDICATES HOW PSYCHIATRIC SERVICES ARE PROVIDED BY A
HOSPITAL.
COBOL NAME: SP-PSYCHIATRIC
VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: RADIOLOGY (DIAGNOSTIC) 1 557 557 C PROV2440
INDICATES HOW DIAGNOSTIC RADIOLOGY SERVICES ARE
PROVIDED BY A HOSPITAL.
COBOL NAME: SP-RADIOLOGY-DIAG
VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: RADIOLOGY (THERAPEUTIC) 1 558 558 C PROV2445
INDICATES HOW THERAPEUTIC RADIOLOGY SERVICES ARE
PROVIDED BY A HOSPITAL.
COBOL NAME: SP-RADIOLOGY-THERAPY
VALUES: 0 NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
1					PROVIDED BY STAFF
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: REHABILITATION 1 559 559 C PROV2450
INDICATES HOW REHABILITATION SERVICES ARE PROVIDED BY A
HOSPITAL.
COBOL NAME: SP-REHABIL
VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: SELF CARE UNIT 1 560 560 C PROV2470

INDICATES HOW SELF CARE UNIT SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-SELF-CARE

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: SHOCK TRAUMA 1 561 561 C PROV2475

INDICATES HOW SHOCK TRAUMA SERVICES ARE PROVIDED BY A
HOSPITAL.

COBOL NAME: SP-SHOCK-TRAUMA

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: SOCIAL 1 562 562 C PROV2485

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: SPEECH PATHOLOGY 1 563 563 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24
HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SWING BED INDICATOR	1	564	564	C	PROV2795
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INDICATES IF A HOSPITAL PROVIDES SWING BED SERVICES -
BEDS CAN BE USED FOR EITHER HOSPITAL OR LONG TERM CARE
SERVICES.

COBOL NAME: SWINGBED-IND

VALUES: N NO
Y YES

SWING BED SIZE CODE 1 565 565 C PROV2800

INDICATES THE SIZE OF A HOSPITAL PROVIDING SWING BED SERVICES.

COBOL NAME: SWINGBED-SIZE-CD

VALUES: 1 49 OR FEWER BEDS
2 50 TO 99 BEDS

TYPE OF FACILITY 2 566 567 C PROV2890

INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.

COBOL NAME: TYPE-FACILITY

VALUES: 01 SHORT - TERM
02 LONG - TERM
03 CHRISTIAN SCIENCE SANITORIUM
04 PSYCHIATRIC
05 REHABILITATION
06 CHILDRENS
07 ALCOHOL AND/OR DRUG HOSPITAL
11 CRITICAL ACCESS HOSPITALS

TYPE OF NON-PARTICIPATING PROVIDER 1 568 568 C PROV0690

INDICATES WHETHER A NON-PARTICIPATING HOSPITAL IS FEDERAL OR OTHER THAN FEDERAL.

COBOL NAME: NON-PARTICIPATING-TYPE

VALUES: E EMERGENCY HOSPITAL NON-FEDERAL
F EMERGENCY HOSPITAL FEDERAL

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1441 1447 N PROV1220

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO

TOTAL # OF EMPLOYEES 9.2 1577 1585 N PROV2850

THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY. THIS FIELD IS ALSO USED FOR OLD HOSPITAL RECORDS.

COBOL NAME: TOT-EMPLOYEES

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICIANS	7.2	1604	1610	N	PROV1110
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-PHYS					
SRV: RESPIRATORY CARE	1	1651	1651	C	PROV2455
INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.					
COBOL NAME: SP-RESP-CARE					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT			
MEDICAL SOCIAL WORKERS	7.2	1728	1734	N	PROV0975
NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS EMPLOYED BY A HOSPITAL OR HOSPICE.					
COBOL NAME: NUM-MED-SOCIAL-WRKS					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 TITLE 18 ONLY 03 TITLE 18/19	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 02 SNF/NF (DUALY CERTIFIED)	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL	1	44	44	C	PROV2715

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.
COBOL NAME: SSA-COUNTY
CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
COBOL NAME: CROSS-REF-PROV-NUM
CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE					
FACILITY NAME	38	75	112	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	113	117	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) 00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CONNECTICUT)					

00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)

00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,					

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 149 149 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 150 151 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 5

SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA
NY					NEW YORK
OH					OHIO
OK					OKLAHOMA
OR					OREGON
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA

VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA)	2	155	156	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					

TELEPHONE NUMBER 10 210 219 C PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
THE OPERATOR OF A PROVIDER.

COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 220 221 C PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES: 00 ACTIVE
01 VOL-MERG,CLOSE
02 VOL-REIMBURSE
03 VOL-RISK INVOL
04 VOL-OTHER
05 INVOL-FAIL REQ
06 INVOL-AGREEMNT
07 OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 230 230 C PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.
COBOL NAME: TYPE-ACTION
VALUES: 1 INITIAL
2 RECERTIFICATION
3 TERMINATION
4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 231 232 C PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.
COBOL NAME: TYPE-CONTROL
VALUES: 01 FOR PROFIT - INDIVIDUAL

02	FOR PROFIT - PARTNERSHIP
03	FOR PROFIT - CORPORATION
04	NONPROFIT - CHURCH RELATED
05	NONPROFIT - CORPORATION
06	NONPROFIT - OTHER
07	GOVERNMENT - STATE
08	GOVERNMENT - COUNTY
09	GOVERNMENT - CITY
10	GOVERNMENT - CITY/COUNTY
11	GOVERNMENT - HOSPITAL DISTRICT
12	GOVERNMENT - FEDERAL

ZIP CODE	5	233	237	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - TOTAL	4	285	288	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS.					
COBOL NAME: NUM-BEDS					
BEDS - TOTAL CERTIFIED	4	289	292	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY.					
COBOL NAME: NUM-CERT-BEDS					
COMPLIANCE: LIFE SAFETY CODE	1	350	350	C	PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN
RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE 1 353 353 C PROV0290

INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE
REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 372 375 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
YEAR.

COBOL NAME: FISC-YR-END-DT

MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655

A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

PROGRAM PARTICIPATION 1 442 442 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,
MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY
2 MEDICAID ONLY
3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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REGIONAL OVERRIDE #2 (STAFFING)	1	465	465	C	PROV1550
THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.					
COBOL NAME: OVERRIDE-2					
VALUES: Y	RECORD HAS BEEN APPROVED				
RELATED PROVIDER NUMBER	10	502	511	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
ACTIVITY PROFESSIONAL - CONTRACT	7.2	569	575	N	PROV0695
THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-ACT-THER-CONTRACT					
ACTIVITY PROFESSIONAL - FULL TIME	7.2	576	582	N	PROV0700
THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.					
COBOL NAME: NUM-ACT-THER-FULL-TIME					
ACTIVITY PROFESSIONAL - PART TIME	7.2	583	589	N	PROV0705
THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.					
COBOL NAME: NUM-ACT-THER-PART-TIME					
ADMINISTRATION - CONTRACT	7.2	590	596	N	PROV0710
THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-ADMN-CONTRACT					
ADMINISTRATOR - FULL TIME	7.2	597	603	N	PROV0715
THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY.					
COBOL NAME: NUM-ADMN-FULL-TIME					
ADMINISTRATOR - PART TIME	7.2	604	610	N	PROV0720
THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY.					
COBOL NAME: NUM-ADMN-PART-TIME					
ADMISSION SUSPENSION DATE	8	611	618	C	PROV0030
THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE SANCTION IS TAKEN AGAINST THE FACILITY.					
COBOL NAME: ADMIN-SUSP-DT					
BEDS - MEDICARE SNF	4	619	622	N	PROV1445
NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY.					
COBOL NAME: NUM-T18-SNF-BEDS					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS	4	623	626	N	PROV1455
BEDS - SNF/NF NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS	4	627	630	N	PROV1450
CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT	7.2	631	637	N	PROV1000
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME	7.2	638	644	N	PROV1005
CERT NURSE AIDES - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME	7.2	645	651	N	PROV1010
CHRISTIAN SCIENCE INDICATOR INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE	1	652	652	C	PROV0110
COMPLIANCE: BEDS PER ROOM WAIVER INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED	1	653	653	C	PROV0225
COMPLIANCE: PATIENT ROOM SIZE INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED	1	654	654	C	PROV0270
COMPLIANCE: 7 DAY REGISTERED NURSE	1	655	655	C	PROV0295

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE
REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 656 662 N PROV0785
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER
CONTRACT TO A FACILITY.
COBOL NAME: NUM-DENTIST-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
DENTISTS - FULL TIME	7.2	663	669	N	PROV0790
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME					
DENTISTS - PART TIME	7.2	670	676	N	PROV0795
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DENTIST-PART-TIME					
DIETITIANS - CONTRACT	7.2	677	683	N	PROV0805
THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT					
DIETITIANS - FULL TIME	7.2	684	690	N	PROV0810
THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DIET-FULL-TIME					
DIETITIANS - PART TIME	7.2	691	697	N	PROV0815
THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME					
EXPERIMENTAL RESEARCH CONDUCTED	1	698	698	C	PROV0465
INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES					
FOOD SERVICE - CONTRACT	7.2	699	705	N	PROV0860
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY.					

COBOL NAME: NUM-FOOD-SRV-CONTRACT
 FOOD SERVICE - FULL TIME 7.2 706 712 N PROV0865
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-FOOD-SRV-FULL-TIME
 FOOD SERVICE - PART TIME 7.2 713 719 N PROV0870
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-FOOD-SRV-PART-TIME
 HOUSEKEEPING - CONTRACT 7.2 720 726 N PROV0925
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-HOUSE-CONTRACT
 HOUSEKEEPING - FULL TIME 7.2 727 733 N PROV0930
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-HOUSE-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME	7.2	734	740	N	PROV0935
LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT	7.2	741	747	N	PROV1465
LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME	7.2	748	754	N	PROV1470
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	7.2	755	761	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER	6	762	767	C	PROV0640

NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY
CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA
LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.

COBOL NAME: LTC-CROSS-REF-PROV-NUM

MEDICAL DIRECTOR - CONTRACT 7.2 768 774 N PROV0960

THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS
UNDER CONTRCAT TO A FACILITY.

COBOL NAME: NUM-MED-CONTRACT

MEDICAL DIRECTOR - FULL TIME 7.2 775 781 N PROV0965

THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-MED-FULL-TIME

MEDICAL DIRECTOR - PART TIME 7.2 782 788 N PROV0970

THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS
EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-MED-PART-TIME

MEDICATION AIDES/TECHS-CONTRACT 7.2 789 795 N PROV5180

THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/
TECHNICIANS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-MED-AID-CONTRACT

MEDICATION AIDES/TECHS-FULL TIME 7.2 796 802 N PROV5170

THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/
TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME
BASIS.

COBOL NAME: NUM-MED-AID-FULL-TIME

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SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICATION AIDES/TECHS-PART TIME	7.2	803	809	N	PROV5175
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-AID-PART-TIME					
MENTAL HEALTH SERVICES - CONTRACT	7.2	810	816	N	PROV0980
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MEN-HLTH-CONTRACT					
MENTAL HEALTH SERVICES - FULL TIME	7.2	817	823	N	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH					

SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-MEN-HLTH-FULL-TIME						
MENTAL HEALTH SERVICES - PART TIME	7.2	824	830	N	PROV0990	
THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.						
COBOL NAME: NUM-MEN-HLTH-PART-TIME						
MULTI-FACILITY ORGANIZATION NAME	38	831	868	C	PROV0680	
THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.						
COBOL NAME: NAME-MULT-FACL-ORG						
MULTI-FACILITY ORGANIZATION OWNED	1	869	869	C	PROV0675	
INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.						
COBOL NAME: MULT-FACL-ORG						
VALUES: Y				YES		

NURSE AIDES IN TRNG - CONTRACT	7.2	870	876	N	PROV5165	
NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY.						
COBOL NAME: NUM-AID-TRNG-CONTRACT						
NURSE AIDES IN TRNG-FULL TIME	7.2	877	883	N	PROV5155	
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.						
COBOL NAME: NUM-AID-TRNG-FULL-TIME						
NURSE AIDES IN TRNG-PART TIME	7.2	884	890	N	PROV5160	
THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.						
COBOL NAME: NUM-AID-TRNG-PART-TIME						
NURSES WITH ADMIN DUTIES-CONTRACT	7.2	891	897	N	PROV5150	
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.						
COBOL NAME: NUM-NURSE-ADM-CONTRACT						

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NURSES WITH ADMIN DUTIES-FULL TIME	7.2	898	904	N	PROV5135
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH					

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL
TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-FULL-TIME

NURSES WITH ADMIN DUTIES-PART TIME	7.2	905	911	N	PROV5145
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NUMBER OF FULL-TIME EQUIVALENT NURSES WITH
ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A
PART TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-PART-TIME

OCCUP THERAPY AIDE - CONTRACT	7.2	912	918	N	PROV1020
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
THERAPY AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-AID-CONTRACT

OCCUP THERAPY AIDE - FULL TIME	7.2	919	925	N	PROV1025
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-AID-FULL-TIME

OCCUP THERAPY AIDE - PART TIME	7.2	926	932	N	PROV1030
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-AID-PART-TIME

OCCUP THERAPY ASST - CONTRACT	7.2	933	939	N	PROV5195
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THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY
ASSISTANTS UNDER CONTRCAT TO A FACILITY.

COBOL NAME: NUM-OCC-ASST-CONTRACT

OCCUP THERAPY ASST - FULL TIME	7.2	940	946	N	PROV5185
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-ASST-FULL-TIME

OCCUP THERAPY ASST - PART TIME	7.2	947	953	N	PROV5190
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY
ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-ASST-PART-TIME

OCCUPATIONAL THERAPIST - CONTRACT	7.2	954	960	N	PROV1035
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
THERAPISTS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-THER-CONTRACT

OCCUPATIONAL THERAPIST - FULL TIME	7.2	961	967	N	PROV1040
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-THER-FULL-TIME

OCCUPATIONAL THERAPIST - PART TIME	7.2	968	974	N	PROV1045
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THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL
THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-THER-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ORGANIZED FAMILY GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES	1	975	975	C	PROV1535
ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES	1	976	976	C	PROV1540
OTHER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT	7.2	977	983	N	PROV3265
OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-OTH-FULL-TIME	7.2	984	990	N	PROV3245
OTHER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-OTH-PART-TIME	7.2	991	997	N	PROV3255
OTHER ACTIVITIES STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-CONTRACT	7.2	998	1004	N	PROV5270
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2	1005	1011	N	PROV5260
OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF. COBOL NAME: NUM-OTH-ACT-PART-TIME	7.2	1012	1018	N	PROV5305
OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OTH-PHY-CONTRACT	7.2	1019	1025	N	PROV1060

OTHER PHYSICIAN - FULL TIME 7.2 1026 1032 N PROV1065
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-FULL-TIME

OTHER PHYSICIAN - PART TIME 7.2 1033 1039 N PROV1070
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-OTH-PHY-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHR SOCIAL SERV STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT	7.2	1040	1046	N	PROV5300
OTHR SOCIAL SERV STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME	7.2	1047	1053	N	PROV5290
OTHR SOCIAL SERV STAFF-PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-PART-TIME	7.2	1054	1060	N	PROV5295
PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-PHAR-CONTRACT	7.2	1061	1067	N	PROV1085
PHARMACISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME	7.2	1068	1074	N	PROV1090
PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME	7.2	1075	1081	N	PROV1095
PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT	7.2	1082	1088	N	PROV5210
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.	7.2	1089	1095	N	PROV5200

COBOL NAME: NUM-THER-ASST-FULL-TIME
 PHYS THER ASST - PART TIME 7.2 1096 1102 N PROV5205
 NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-PART-TIME
 PHYSICAL THERAPISTS - CONTRACT 7.2 1103 1109 N PROV1430
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-CONTRACT
 PHYSICAL THERAPISTS - FULL TIME 7.2 1110 1116 N PROV1435
 THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-FULL-TIME
 PHYSICAL THERAPISTS - PART TIME 7.2 1117 1123 N PROV1440
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT	7.2	1124	1130	N	PROV1415
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-AID-FULL-TIME	7.2	1131	1137	N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-AID-PART-TIME	7.2	1138	1144	N	PROV1425
PHYSICIAN EXTENDER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT	7.2	1145	1151	N	PROV3270
PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME	7.2	1152	1158	N	PROV3250
PHYSICIAN EXTENDER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS	7.2	1159	1165	N	PROV3260

EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-PART-TIME
 PODIATRISTS - CONTRACT 7.2 1166 1172 N PROV1130
 THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-POD-CONTRACT
 PODIATRISTS - FULL TIME 7.2 1173 1179 N PROV1135
 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED
 BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-POD-FULL-TIME
 PODIATRISTS - PART TIME 7.2 1180 1186 N PROV1140
 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-POD-PART-TIME
 PRIOR ADMISSION SUSPENSION DATE 8 1187 1194 C PROV1610
 PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED
 FOR A PROVIDER.
 COBOL NAME: PRIOR-ADMIN-SUSP-DT
 PRIOR RESCIND SUSPENSION DATE 8 1195 1202 C PROV1640
 THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF
 ADMISSIONS TO A LTC FACILITY.
 COBOL NAME: PRIOR-RESC-SUSP-DT
 PROVIDER BASED FACILITY 1 1203 1203 C PROV1675
 INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER
 BASED.
 COBOL NAME: PROV-BASED-FACILITY
 VALUES:

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y HOSPITAL BASED					
REGISTERED NURSE - CONTRACT	7.2	1204	1210	N	PROV1150
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-REG-NURSE-CONTRACT					
REGISTERED NURSE - FULL TIME	7.2	1211	1217	N	PROV1155
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-REG-NURSE-FULL-TIME					
REGISTERED NURSE - PART TIME	7.2	1218	1224	N	PROV1160
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					

COBOL NAME: NUM-REG-NURSE-PART-TIME
 RESCIND SUSPENSION DATE 8 1225 1232 C PROV1825
 DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS
 TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.
 COBOL NAME: RESC-SUSP-DT
 RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239 N PROV5130
 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI
 NG UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-RN-DON-CONTRACT
 RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
 NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-RN-DON-FULL-TIME
 RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
 NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-RN-DON-PART-TIME
 SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-SOCIAL-CONTRACT
 SOCIAL WORKER - FULL TIME 7.2 1261 1267 N PROV1175
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-SOCIAL-FULL-TIME
 SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-SOCIAL-PART-TIME
 SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725
 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
 BY THE FACILITY FOR RESIDENTS WITH AIDS.
 COBOL NAME: NUM-AIDS-BEDS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 20
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-ALZHEIMERS	3	1278	1280	N	PROV0730
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS					

SPECIAL CARE BEDS-DIALYSIS	3	1281	1283	N	PROV0800
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.					
COBOL NAME: NUM-DIAL-BEDS					
SPECIAL CARE BEDS-DISABLED CHILD	3	1284	1286	N	PROV0855
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN.					
COBOL NAME: NUM-DIS-CHILD-BEDS					
SPECIAL CARE BEDS-HEAD TRAUMA	3	1287	1289	N	PROV0905
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.					
COBOL NAME: NUM-HEAD-TRAUMA-BEDS					
SPECIAL CARE BEDS-HOSPICE	3	1290	1292	N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.					
COBOL NAME: NUM-HOSPICE-BEDS					
SPECIAL CARE BEDS-HUNTINGTONS	3	1293	1295	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE					
COBOL NAME: NUM-HUNTING-DIS-BEDS					
SPECIAL CARE BEDS-SPEC REHAB	3	1296	1298	N	PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS.					
COBOL NAME: NUM-SPEC-REHAB-BEDS					
SPECIAL CARE BEDS-VENTILATOR	3	1299	1301	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESPIRATORY CARE NEEDS.					
COBOL NAME: NUM-VENT-RESP-BEDS					
SPEECH PATHOLOGIST - CONTRACT	7.2	1302	1308	N	PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-SPCH-PATH-CONTRACT					
SPEECH PATHOLOGIST - FULL TIME	7.2	1309	1315	N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-SPCH-PATH-FULL-TIME					
SPEECH PATHOLOGIST - PART TIME	7.2	1316	1322	N	PROV1200
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-SPCH-PATH-PART-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 21

SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: ACTIVITIES-OFFSITE-RESIDENTS	1	1323	1323	C	PROV3390
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-ACT-THER-OFF-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED
SRV: ACTIVITIES-ONSITE-NON RES	1	1324	1324	C	PROV3385
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.					
COBOL NAME: SP-ACT-THER-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED
SRV: ACTIVITIES-ONSITE-RESIDENTS	1	1325	1325	C	PROV3380
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-ACT-THER-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED
SRV: BLOOD ADMIN-OFFSITE-RESIDENTS	1	1326	1326	C	PROV3525
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-ADM-BLOOD-OFF-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED
SRV: BLOOD ADMIN-ONSITE-NONRES	1	1327	1327	C	PROV3520
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.					
COBOL NAME: SP-ADM-BLOOD-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED
SRV: BLOOD ADMIN-ONSITE-RESIDENTS	1	1328	1328	C	PROV3515
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-ADM-BLOOD-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1329 1329 C PROV3495
 INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-CLIN-LAB-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 22
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: CLINICAL LAB-ONSITE-NON RES INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1330	1330	C	PROV3490
SRV: CLINICAL LAB-ONSITE-RESIDENTS INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1331	1331	C	PROV3485
SRV: DENTAL-OFFSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1332	1332	C	PROV3435
SRV: DENTAL-ONSITE-NON RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DENTAL-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1333	1333	C	PROV3430
SRV: DENTAL-ONSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-ON-RES VALUES: N SERVICE IS NOT PROVIDED	1	1334	1334	C	PROV3425

Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1335 1335 C PROV3345
INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-DIETARY-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1336 1336 C PROV3340
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-DIETARY-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DIETARY-ONSITE-RESIDENTS	1	1337	1337	C	PROV3335
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-DIETARY-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES	1	1338	1338	C	PROV3535
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-HOUSE-KP-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES	1	1339	1339	C	PROV3540
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-HOUSE-KP-OFF-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS	1	1340	1340	C	PROV3530
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1341 1341 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1342 1342 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1343 1343 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: NURSING-OFFSITE-RESIDENTS	1	1344	1344	C	PROV3315
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INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS	1	1345	1345	C	PROV3310
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INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS	1	1346	1346	C	PROV3305
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INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1347 1347 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1348 1348 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1349 1349 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1350 1350 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25

SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OTH ACTIVITIES-ONSITE NONRES	1	1351	1351	C	PROV5250
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FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES	1	1352	1352 C	PROV5245
FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO RESIDENTS.				
COBOL NAME: SP-OTH-ACT-ON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: OTH SOC SRV-OFFSITE TO RES	1	1353	1353 C	PROV5285
FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL SERVICES STAFF OFFSITE TO RESIDENTS.				
COBOL NAME: SP-OTH-SOC-OFF-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: OTH SOC SRV-ONSITE TO NONRES	1	1354	1354 C	PROV5280
INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.				
COBOL NAME: SP-OTH-SOC-ON-NON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: OTH SOC SRV-ONSITE TO RES	1	1355	1355 C	PROV5275
FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE STAFF ONSITE TO RESIDENTS.				
COBOL NAME: SP-OTH-SOC-ON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: PHARMACY-OFFSITE-RESIDENTS	1	1356	1356 C	PROV3330
INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.				
COBOL NAME: SP-PHARMACY-OFF-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: PHARMACY-ONSITE-NON RESIDENTS	1	1357	1357 C	PROV3325
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.				
COBOL NAME: SP-PHARMACY-ON-NON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHARMACY-ONSITE-RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1358	1358	C	PROV3320
SRV: PHYS EXTENDER-OFFSITE-RESID INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1359	1359	C	PROV3300
SRV: PHYS EXTENDER-ONSITE-NON RES INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1360	1360	C	PROV3295
SRV: PHYS EXTENDER-ONSITE-RESIDENT INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1361	1361	C	PROV3290
SRV: PHYS THER-OFFSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1362	1362	C	PROV3375
SRV: PHYS THER-ONSITE-NON RESIDENT INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1363	1363	C	PROV3370
SRV: PHYS THER-ONSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED	1	1364	1364	C	PROV3365

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHYSICIAN-OFFSITE-RESIDENTS	1	1365	1365	C	PROV3285
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT	1	1366	1366	C	PROV3280
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS	1	1367	1367	C	PROV3275
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS	1	1368	1368	C	PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS	1	1369	1369	C	PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1370 1370 C PROV3440
 INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-PODIATRY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1371 1371 C PROV3405
 INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE
 TO RESIDENTS.
 COBOL NAME: SP-MED-SOC-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 28
 SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: SOCIAL WORK-ONSITE-NON RESID INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-MED-SOC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1372	1372	C	PROV3400
SRV: SOCIAL WORK-ONSITE-RESIDENTS INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-MED-SOC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1373	1373	C	PROV3395
SRV: SPEECH PATH-OFFSITE-RESIDEN INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1374	1374	C	PROV3420
SRV: SPEECH PATH-ONSITE-NON RESID INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-SPEECH-PH-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED	1	1375	1375	C	PROV3415

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1376 1376 C PROV3410
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-SPEECH-PH-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1377 1377 C PROV5225
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-THER-REC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1378 1378 C PROV5220
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
COBOL NAME: SP-THER-REC-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 29
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1379 1379 C PROV5215
INDICATES IF THERAPEUTIC RECREATION SPECIALIST
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-THER-REC-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1380 1380 C PROV3480
INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.
COBOL NAME: SP-VOC-GUID-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1381 1381 C PROV3475
INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1382 1382 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1383 1383 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1384 1384 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1385 1385 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 30
SNF/NF (DUALY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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THER REC SPEC - CONTRACT	7.2	1386	1392	N	PROV5240
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NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME	7.2	1393	1399	N	PROV5230
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NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME
 7.2 1400 1406 N PROV5235
 NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC
 RECREATION SPECIALIST.
 COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION
 LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01	TITLE 18 ONLY				
03	TITLE 18/19				
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.					
COBOL NAME: CATEGORY					
VALUES: 03	SNF/NF (DISTINCT PART)				
CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE					
FACILITY NAME	38	75	112	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	113	117	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) 00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CONNECTICUT) 00070 BLUE CROSS (DELAWARE) 00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00130 BLUE CROSS (INDIANA) 00131 ADMINISTAR FEDERAL (CHICAGO) 00140 BLUE CROSS (IOWA/SOUTH DAKOTA) 00150 BLUE CROSS (KANSAS) 00160 BLUE CROSS (KENTUCKY) 00180 BLUE CROSS (MAINE)					

00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVERNMENT SERVICE - MI				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00511	CAHABA				
00952	WISCONSIN PHYSICIAN SERVICES - IL				
00953	WISCONSIN PHYSICIAN SERVICES - MI				
01390	AETNA (WASHINGTON)				
17120	HAWAII MEDICAL SERVICE ASSOCIATION				
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143	NATIONAL HERITAGE INSURANCE CO				

31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	134	138	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	139	148	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	149	149	C	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.	2	150	151	C	PROV1725

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO

IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WI					WISCONSIN

WV WEST VIRGINIA
WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE
	31	NEW JERSEY
	32	NEW MEXICO
	33	NEW YORK
	34	NORTH CAROLINA
	35	NORTH DAKOTA
	36	OHIO
	37	OKLAHOMA
	38	OREGON
	39	PENNSYLVANIA
	40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN
STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE

03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1	8	222	229	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	230	230	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT - INDIVIDUAL 02 FOR PROFIT - PARTNERSHIP 03 FOR PROFIT - CORPORATION 04 NONPROFIT - CHURCH RELATED 05 NONPROFIT - CORPORATION 06 NONPROFIT - OTHER 07 GOVERNMENT - STATE 08 GOVERNMENT - COUNTY 09 GOVERNMENT - CITY 10 GOVERNMENT - CITY/COUNTY 11 GOVERNMENT - HOSPITAL DISTRICT 12 GOVERNMENT - FEDERAL	2	231	232	C	PROV2885

ZIP CODE	5	233	237	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - TOTAL	4	285	288	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS.					
COBOL NAME: NUM-BEDS					
BEDS - TOTAL CERTIFIED	4	289	292	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY.					
COBOL NAME: NUM-CERT-BEDS					
COMPLIANCE: LIFE SAFETY CODE	1	350	350	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES: 1					WAIVER RECOMMENDED
COMPLIANCE: 24 HR REGISTERED NURSE	1	353	353	C	PROV0290
INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-24-HR-RN					
VALUES: 1					WAIVER RECOMMENDED
FISCAL YEAR ENDING DATE	4	372	375	C	PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.

COBOL NAME: FISC-YR-END-DT

MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655

A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

PROGRAM PARTICIPATION 1 442 442 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY
2 MEDICAID ONLY
3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGIONAL OVERRIDE #2 (STAFFING) 1 465 465 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

RELATED PROVIDER NUMBER 10 502 511 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
 COBOL NAME: RELATED-PROV-NUM
 ACTIVITY PROFESSIONAL - CONTRACT 7.2 569 575 N PROV0695
 THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES
 PROFESSIONALS UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-ACT-THER-CONTRACT
 ACTIVITY PROFESSIONAL - FULL TIME 7.2 576 582 N PROV0700
 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES
 PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.
 COBOL NAME: NUM-ACT-THER-FULL-TIME
 ACTIVITY PROFESSIONAL - PART TIME 7.2 583 589 N PROV0705
 THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES
 PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.
 COBOL NAME: NUM-ACT-THER-PART-TIME
 ADMINISTRATION - CONTRACT 7.2 590 596 N PROV0710
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-ADMN-CONTRACT
 ADMINISTRATOR - FULL TIME 7.2 597 603 N PROV0715
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 EMPLOYED ON A FULL TIME BASIS BY A FACILITY.
 COBOL NAME: NUM-ADMN-FULL-TIME
 ADMINISTRATOR - PART TIME 7.2 604 610 N PROV0720
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 EMPLOYED ON A PART-TIME BASIS BY A FACILITY.
 COBOL NAME: NUM-ADMN-PART-TIME
 ADMISSION SUSPENSION DATE 8 611 618 C PROV0030
 THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG
 TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE
 SANCTION IS TAKEN AGAINST THE FACILITY.
 COBOL NAME: ADMIN-SUSP-DT
 BEDS - MEDICARE SNF 4 619 622 N PROV1445
 NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY.
 COBOL NAME: NUM-T18-SNF-BEDS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - NURSING FACILITY	4	623	626	N	PROV1455
NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY.					

COBOL NAME: NUM-T19-SNF-BEDS					
BEDS - SNF/NF	4	627	630	N	PROV1450
NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY.					
COBOL NAME: NUM-T1819-SNF-BEDS					
CERT NURSE AIDES - CONTRACT	7.2	631	637	N	PROV1000
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-NURSE-AID-CONTRACT					
CERT NURSE AIDES - FULL TIME	7.2	638	644	N	PROV1005
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-NURSE-AID-FULL-TIME					
CERT NURSE AIDES - PART TIME	7.2	645	651	N	PROV1010
THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-NURSE-AID-PART-TIME					
CHRISTIAN SCIENCE INDICATOR	1	652	652	C	PROV0110
INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY					
COBOL NAME: CHRISTIAN-SCIENCE-IND					
VALUES: Y	CHRISTIAN SCIENCE				
COMPLIANCE: BEDS PER ROOM WAIVER	1	653	653	C	PROV0225
INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-BEDS-PER-ROOM					
VALUES: 1	WAIVER RECOMMENDED				
COMPLIANCE: PATIENT ROOM SIZE	1	654	654	C	PROV0270
INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-PATIENT-ROOM-SZ					
VALUES: 1	WAIVER RECOMMENDED				
COMPLIANCE: 7 DAY REGISTERED NURSE	1	655	655	C	PROV0295
INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.					
COBOL NAME: COMPL-7-DAY-RN					
VALUES: 1	WAIVER RECOMMENDED				
DENTISTS - CONTRACT	7.2	656	662	N	PROV0785
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-DENTIST-CONTRACT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
DENTISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME	7.2	663	669	N	PROV0790
DENTISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DENTIST-PART-TIME	7.2	670	676	N	PROV0795
DIETITIANS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DIET-CONTRACT	7.2	677	683	N	PROV0805
DIETITIANS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DIET-FULL-TIME	7.2	684	690	N	PROV0810
DIETITIANS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME	7.2	691	697	N	PROV0815
EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES	1	698	698	C	PROV0465
FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-FOOD-SRV-CONTRACT	7.2	699	705	N	PROV0860
FOOD SERVICE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-FOOD-SRV-FULL-TIME	7.2	706	712	N	PROV0865
FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME	7.2	713	719	N	PROV0870
HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY.	7.2	720	726	N	PROV0925

COBOL NAME: NUM-HOUSE-CONTRACT
HOUSEKEEPING - FULL TIME 7.2 727 733 N PROV0930
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
COBOL NAME: NUM-HOUSE-FULL-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME	7.2	734	740	N	PROV0935
LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT	7.2	741	747	N	PROV1465
LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME	7.2	748	754	N	PROV1470
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	7.2	755	761	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM	6	762	767	C	PROV0640
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT	7.2	768	774	N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME	7.2	775	781	N	PROV0965

MEDICAL DIRECTOR - PART TIME	7.2	782	788	N	PROV0970
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-PART-TIME					
MEDICATION AIDES/TECHS-CONTRACT	7.2	789	795	N	PROV5180
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MED-AID-CONTRACT					
MEDICATION AIDES/TECHS-FULL TIME	7.2	796	802	N	PROV5170
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICATION AIDES/TECHS-PART TIME	7.2	803	809	N	PROV5175
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-AID-PART-TIME					
MENTAL HEALTH SERVICES - CONTRACT	7.2	810	816	N	PROV0980
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MEN-HLTH-CONTRACT					
MENTAL HEALTH SERVICES - FULL TIME	7.2	817	823	N	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-FULL-TIME					
MENTAL HEALTH SERVICES - PART TIME	7.2	824	830	N	PROV0990
THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MEN-HLTH-PART-TIME					
MULTI-FACILITY ORGANIZATION NAME	38	831	868	C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.					
COBOL NAME: NAME-MULT-FACL-ORG					

MULTI-FACILITY ORGANIZATION OWNED 1 869 869 C PROV0675
 INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION
 THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.
 COBOL NAME: MULT-FACL-ORG
 VALUES: Y YES

NURSE AIDES IN TRNG - CONTRACT 7.2 870 876 N PROV5165
 NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING
 UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-AID-TRNG-CONTRACT
 NURSE AIDES IN TRNG-FULL TIME 7.2 877 883 N PROV5155

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN
 TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-AID-TRNG-FULL-TIME

NURSE AIDES IN TRNG-PART TIME 7.2 884 890 N PROV5160
 THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN
 TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-AID-TRNG-PART-TIME
 NURSES WITH ADMIN DUTIES-CONTRACT 7.2 891 897 N PROV5150
 THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH
 ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-NURSE-ADM-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NURSES WITH ADMIN DUTIES-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME	7.2	898	904	N	PROV5135
NURSES WITH ADMIN DUTIES-PART TIME NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-ADM-PART-TIME	7.2	905	911	N	PROV5145
OCCUP THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-AID-CONTRACT	7.2	912	918	N	PROV1020

OCCUP THERAPY AIDE - FULL TIME	7.2	919	925	N	PROV1025
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-AID-FULL-TIME					
OCCUP THERAPY AIDE - PART TIME	7.2	926	932	N	PROV1030
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-AID-PART-TIME					
OCCUP THERAPY ASST - CONTRACT	7.2	933	939	N	PROV5195
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-OCC-ASST-CONTRACT					
OCCUP THERAPY ASST - FULL TIME	7.2	940	946	N	PROV5185
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-FULL-TIME					
OCCUP THERAPY ASST - PART TIME	7.2	947	953	N	PROV5190
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-PART-TIME					
OCCUPATIONAL THERAPIST - CONTRACT	7.2	954	960	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUPATIONAL THERAPIST - FULL TIME	7.2	961	967	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-THER-FULL-TIME					
OCCUPATIONAL THERAPIST - PART TIME	7.2	968	974	N	PROV1045
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-THER-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ORGANIZED FAMILY GROUP	1	975	975	C	PROV1535
INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS.					
COBOL NAME: ORG-FAMILY-GRP					
VALUES: Y		YES			

ORGANIZED RESIDENT GROUP	1	976	976	C	PROV1540
INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP.					
COBOL NAME: ORG-RESID-GRP					
VALUES: Y				YES	
OTHER - CONTRACT	7.2	977	983	N	PROV3265
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.					
COBOL NAME: NUM-OTH-CONTRACT					
OTHER - FULL TIME	7.2	984	990	N	PROV3245
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.					
COBOL NAME: NUM-OTH-FULL-TIME					
OTHER - PART TIME	7.2	991	997	N	PROV3255
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.					
COBOL NAME: NUM-OTH-PART-TIME					
OTHER ACTIVITIES STAFF-CONTRACT	7.2	998	1004	N	PROV5270
NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.					
COBOL NAME: NUM-OTH-ACT-CONTRACT					
OTHER ACTIVITIES STAFF-FULL TIME	7.2	1005	1011	N	PROV5260
NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.					
COBOL NAME: NUM-OTH-ACT-FULL-TIME					
OTHER ACTIVITIES STAFF-PART TIME	7.2	1012	1018	N	PROV5305
NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF.					
COBOL NAME: NUM-OTH-ACT-PART-TIME					
OTHER PHYSICIAN - CONTRACT	7.2	1019	1025	N	PROV1060
THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY					
COBOL NAME: NUM-OTH-PHY-CONTRACT					
OTHER PHYSICIAN - FULL TIME	7.2	1026	1032	N	PROV1065
THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OTH-PHY-FULL-TIME					
OTHER PHYSICIAN - PART TIME	7.2	1033	1039	N	PROV1070
THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OTH-PHY-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHR SOCIAL SERV STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-CONTRACT	7.2	1040	1046	N	PROV5300
OTHR SOCIAL SERV STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME	7.2	1047	1053	N	PROV5290
OTHR SOCIAL SERV STAFF-PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-PART-TIME	7.2	1054	1060	N	PROV5295
PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-PHAR-CONTRACT	7.2	1061	1067	N	PROV1085
PHARMACISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME	7.2	1068	1074	N	PROV1090
PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME	7.2	1075	1081	N	PROV1095
PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT	7.2	1082	1088	N	PROV5210
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME	7.2	1089	1095	N	PROV5200
PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME	7.2	1096	1102	N	PROV5205
PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT	7.2	1103	1109	N	PROV1430
PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.	7.2	1110	1116	N	PROV1435

COBOL NAME: NUM-THER-FULL-TIME
 PHYSICAL THERAPISTS - PART TIME 7.2 1117 1123 N PROV1440
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-THER-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT	7.2	1124	1130	N	PROV1415
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-AID-FULL-TIME	7.2	1131	1137	N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-AID-PART-TIME	7.2	1138	1144	N	PROV1425
PHYSICIAN EXTENDER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT	7.2	1145	1151	N	PROV3270
PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME	7.2	1152	1158	N	PROV3250
PHYSICIAN EXTENDER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-PART-TIME	7.2	1159	1165	N	PROV3260
PODIATRISTS - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT	7.2	1166	1172	N	PROV1130
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	7.2	1173	1179	N	PROV1135
PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED	7.2	1180	1186	N	PROV1140

BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-POD-PART-TIME
 PRIOR ADMISSION SUSPENSION DATE 8 1187 1194 C PROV1610
 PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED
 FOR A PROVIDER.
 COBOL NAME: PRIOR-ADMIN-SUSP-DT
 PRIOR RESCIND SUSPENSION DATE 8 1195 1202 C PROV1640
 THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF
 ADMISSIONS TO A LTC FACILITY.
 COBOL NAME: PRIOR-RESC-SUSP-DT
 PROVIDER BASED FACILITY 1 1203 1203 C PROV1675
 INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER
 BASED.
 COBOL NAME: PROV-BASED-FACILITY
 VALUES:

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Y HOSPITAL BASED					
REGISTERED NURSE - CONTRACT	7.2	1204	1210	N	PROV1150
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-REG-NURSE-CONTRACT					
REGISTERED NURSE - FULL TIME	7.2	1211	1217	N	PROV1155
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-REG-NURSE-FULL-TIME					
REGISTERED NURSE - PART TIME	7.2	1218	1224	N	PROV1160
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-REG-NURSE-PART-TIME					
RESCIND SUSPENSION DATE	8	1225	1232	C	PROV1825
DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.					
COBOL NAME: RESC-SUSP-DT					
RN DIRECTOR OF NURSING - CONTRACT	7.2	1233	1239	N	PROV5130
THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-RN-DON-CONTRACT					
RN DIRECTOR OF NURSING - FULL TIME	7.2	1240	1246	N	PROV5120
THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					

COBOL NAME: NUM-RN-DON-FULL-TIME
 RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
 NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-RN-DON-PART-TIME
 SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-SOCIAL-CONTRACT
 SOCIAL WORKER - FULL TIME 7.2 1261 1267 N PROV1175
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-SOCIAL-FULL-TIME
 SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-SOCIAL-PART-TIME
 SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725
 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
 BY THE FACILITY FOR RESIDENTS WITH AIDS.
 COBOL NAME: NUM-AIDS-BEDS

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SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS	3	1278	1280	N	PROV0730
SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS	3	1281	1283	N	PROV0800
SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS	3	1284	1286	N	PROV0855
SPECIAL CARE BEDS-HEAD TRAUMA THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA. COBOL NAME: NUM-HEAD-TRAUMA-BEDS	3	1287	1289	N	PROV0905

SPECIAL CARE BEDS-HOSPICE	3	1290	1292	N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES. COBOL NAME: NUM-HOSPICE-BEDS					
SPECIAL CARE BEDS-HUNTINGTONS	3	1293	1295	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE COBOL NAME: NUM-HUNTING-DIS-BEDS					
SPECIAL CARE BEDS-SPEC REHAB	3	1296	1298	N	PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS. COBOL NAME: NUM-SPEC-REHAB-BEDS					
SPECIAL CARE BEDS-VENTILATOR	3	1299	1301	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESPIRATORY CARE NEEDS. COBOL NAME: NUM-VENT-RESP-BEDS					
SPEECH PATHOLOGIST - CONTRACT	7.2	1302	1308	N	PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SPCH-PATH-CONTRACT					
SPEECH PATHOLOGIST - FULL TIME	7.2	1309	1315	N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SPCH-PATH-FULL-TIME					
SPEECH PATHOLOGIST - PART TIME	7.2	1316	1322	N	PROV1200
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SPCH-PATH-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: ACTIVITIES-OFFSITE-RESIDENTS	1	1323	1323	C	PROV3390
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-OFF-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			

SRV: ACTIVITIES-ONSITE-NON RES	1	1324	1324 C	PROV3385
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.				
COBOL NAME: SP-ACT-THER-ON-NON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: ACTIVITIES-ONSITE-RESIDENTS	1	1325	1325 C	PROV3380
INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO RESIDENTS.				
COBOL NAME: SP-ACT-THER-ON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: BLOOD ADMIN-OFFSITE-RESIDENTS	1	1326	1326 C	PROV3525
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.				
COBOL NAME: SP-ADM-BLOOD-OFF-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: BLOOD ADMIN-ONSITE-NONRES	1	1327	1327 C	PROV3520
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.				
COBOL NAME: SP-ADM-BLOOD-ON-NON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: BLOOD ADMIN-ONSITE-RESIDENTS	1	1328	1328 C	PROV3515
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO RESIDENTS.				
COBOL NAME: SP-ADM-BLOOD-ON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: CLINICAL LAB-OFFSITE-RESIDENT	1	1329	1329 C	PROV3495
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.				
COBOL NAME: SP-CLIN-LAB-OFF-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: CLINICAL LAB-ONSITE-NON RES INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1330	1330	C	PROV3490
SRV: CLINICAL LAB-ONSITE-RESIDENTS INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1331	1331	C	PROV3485
SRV: DENTAL-OFFSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1332	1332	C	PROV3435
SRV: DENTAL-ONSITE-NON RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DENTAL-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1333	1333	C	PROV3430
SRV: DENTAL-ONSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1334	1334	C	PROV3425
SRV: DIETARY-OFFSITE-RESIDENTS INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DIETARY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1335	1335	C	PROV3345
SRV: DIETARY-ONSITE-NON RESIDENTS INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.	1	1336	1336	C	PROV3340

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DIETARY-ONSITE-RESIDENTS	1	1337	1337	C	PROV3335
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INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES	1	1338	1338	C	PROV3535
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INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES	1	1339	1339	C	PROV3540
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INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS	1	1340	1340	C	PROV3530
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INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES	1	1341	1341	C	PROV3465
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INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES	1	1342	1342	C	PROV3460
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INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1343 1343 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: NURSING-OFFSITE-RESIDENTS	1	1344	1344	C	PROV3315
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INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS	1	1345	1345	C	PROV3310
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INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS	1	1346	1346	C	PROV3305
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INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS	1	1347	1347	C	PROV3360
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INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1348 1348 C PROV3355
 INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-OCC-THER-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1349 1349 C PROV3350
 INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.
 COBOL NAME: SP-OCC-THER-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1350 1350 C PROV5255
 FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
 STAFF OFFSITE TO RESIDENTS.
 COBOL NAME: SP-OTH-ACT-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OTH ACTIVITIES-ONSITE NONRES	1	1351	1351	C	PROV5250
FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO NONRESIDENTS.					
COBOL NAME: SP-OTH-ACT-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES	1	1352	1352	C	PROV5245
FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO RESIDENTS.					
COBOL NAME: SP-OTH-ACT-ON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES	1	1353	1353	C	PROV5285
FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S ERVICES STAFF OFFSITE TO RESIDENTS.					
COBOL NAME: SP-OTH-SOC-OFF-RES					

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1354 1354 C PROV5280
INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE
TO NONRESIDENTS.
COBOL NAME: SP-OTH-SOC-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1355 1355 C PROV5275
FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE
S STAFF ONSITE TO RESIDENTS.
COBOL NAME: SP-OTH-SOC-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1356 1356 C PROV3330
INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-PHARMACY-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1357 1357 C PROV3325
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-PHARMACY-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 26
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHARMACY-ONSITE-RESIDENTS	1	1358	1358	C	PROV3320
INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-PHARMACY-ON-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: PHYS EXTENDER-OFFSITE-RESID	1	1359	1359	C	PROV3300
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED					

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1360 1360 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1361 1361 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1362 1362 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1363 1363 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1364 1364 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHYSICIAN-OFFSITE-RESIDENTS	1	1365	1365 C	PROV3285
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.				
COBOL NAME: SP-PHYS-OFF-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: PHYSICIAN-ONSITE-NON RESIDENT	1	1366	1366 C	PROV3280
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.				
COBOL NAME: SP-PHYS-ON-NON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: PHYSICIAN-ONSITE-RESIDENTS	1	1367	1367 C	PROV3275
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO RESIDENTS.				
COBOL NAME: SP-PHYS-ON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: PODIATRY-OFFSITE-RESIDENTS	1	1368	1368 C	PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.				
COBOL NAME: SP-PODIATRY-OFF-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: PODIATRY-ONSITE-NON RESIDENTS	1	1369	1369 C	PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.				
COBOL NAME: SP-PODIATRY-ON-NON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: PODIATRY-ONSITE-RESIDENTS	1	1370	1370 C	PROV3440
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.				
COBOL NAME: SP-PODIATRY-ON-RES				
VALUES: N		SERVICE IS NOT PROVIDED		
Y		SERVICE IS PROVIDED		
SRV: SOCIAL WORK-OFFSITE-RESIDENTS	1	1371	1371 C	PROV3405
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.				
COBOL NAME: SP-MED-SOC-OFF-RES				
VALUES: N		SERVICE IS NOT PROVIDED		

Y

SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 28
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: SOCIAL WORK-ONSITE-NON RESID INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-MED-SOC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1372	1372	C	PROV3400
SRV: SOCIAL WORK-ONSITE-RESIDENTS INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-MED-SOC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1373	1373	C	PROV3395
SRV: SPEECH PATH-OFFSITE-RESIDEN INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1374	1374	C	PROV3420
SRV: SPEECH PATH-ONSITE-NON RESID INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-SPEECH-PH-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1375	1375	C	PROV3415
SRV: SPEECH PATH-ONSITE-RESIDENTS INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-SPEECH-PH-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1376	1376	C	PROV3410
SRV: THER REC SPEC-OFFSITE TO RES INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.	1	1377	1377	C	PROV5225

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1378 1378 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 29
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: THER REC SPEC-ONSITE-RESIDENT	1	1379	1379	C	PROV5215
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INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS	1	1380	1380	C	PROV3480
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INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID	1	1381	1381	C	PROV3475
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INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS	1	1382	1382	C	PROV3470
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INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS	1	1383	1383	C	PROV3510
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INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-DIAG-XRAY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1384 1384 C PROV3505
 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-DIAG-XRAY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1385 1385 C PROV3500
 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.
 COBOL NAME: SP-DIAG-XRAY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 30
 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
THER REC SPEC - CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-CONTRACT	7.2	1386	1392	N	PROV5240
THER REC SPEC - FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-FULL-TIME	7.2	1393	1399	N	PROV5230
THER REC SPEC - PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-PART-TIME	7.2	1400	1406	N	PROV5235

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01					TITLE 18 ONLY
03					TITLE 18/19
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY					

VALUES: 04 SKILLED NURSING FACILITIES

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,					

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)
00060 BLUE CROSS (CONNECTICUT)
00070 BLUE CROSS (DELAWARE)
00090 BLUE CROSS (FLORIDA)
00101 BLUE CROSS (GEORGIA)
00121 HEALTH CARE SERVICE CORPORATION
00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)
00131 ADMINISTAR FEDERAL (CHICAGO)
00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
00150 BLUE CROSS (KANSAS)
00160 BLUE CROSS (KENTUCKY)
00180 BLUE CROSS (MAINE)
00190 BLUE CROSS (MARYLAND)
00200 BLUE CROSS (MASSACHUSETTS)
00210 BLUE CROSS (MICHIGAN)
00220 BLUE CROSS (MINNESOTA)
00230 BLUE CROSS (MISSISSIPPI)
00231 BLUE CROSS (LOUISIANA)
00241 BLUE CROSS (MISSOURI)
00250 BLUE CROSS (MONTANA)
00260 BLUE CROSS (NEBRASKA)
00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)
00450					BLUE CROSS (WISCONSIN)
00452					UNITED GOVERNMENT SERVICE - MI
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00952					WISCONSIN PHYSICIAN SERVICES - IL
00953					WISCONSIN PHYSICIAN SERVICES - MI
01390					AETNA (WASHINGTON)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31145					NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
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THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615

THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
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A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER	10	139	148	C	PROV1680
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A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE	1	149	149	C	PROV1720
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THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE	2	150	151	C	PROV1725
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THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA)	2	155	156	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA

06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE

45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 8

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1	8	222	229	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	230	230	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT - INDIVIDUAL 02 FOR PROFIT - PARTNERSHIP 03 FOR PROFIT - CORPORATION 04 NONPROFIT - CHURCH RELATED 05 NONPROFIT - CORPORATION 06 NONPROFIT - OTHER 07 GOVERNMENT - STATE 08 GOVERNMENT - COUNTY 09 GOVERNMENT - CITY 10 GOVERNMENT - CITY/COUNTY 11 GOVERNMENT - HOSPITAL DISTRICT 12 GOVERNMENT - FEDERAL	2	231	232	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	233	237	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	240	242	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	243	245	C	SSAMSACD

SSA MSA SIZE CODE 1 246 246 C SSAMSASZ
 SSA MSA SIZE CODE
 COBOL NAME: WS-SSA-MSA-SIZE-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS	4	285	288	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	4	289	292	N	PROV0755
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED	1	350	350	C	PROV0240
COMPLIANCE: 24 HR REGISTERED NURSE INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED	1	353	353	C	PROV0290
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	372	375	C	PROV0485
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	391	405	C	PROV0655
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI	1	442	442	C	PROV1670

VALUES:	1	MEDICARE ONLY
	2	MEDICAID ONLY
	3	MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545
 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE
 HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS
 SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE
 ODIE DATA ENTRY SYSTEM.
 COBOL NAME: OVERRIDE-1
 VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
REGIONAL OVERRIDE #2 (STAFFING)	1	465	465	C	PROV1550
THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS BEEN APPROVED					

RELATED PROVIDER NUMBER	10	502	511	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM					
ACTIVITY PROFESSIONAL - CONTRACT	7.2	569	575	N	PROV0695
THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT					
ACTIVITY PROFESSIONAL - FULL TIME	7.2	576	582	N	PROV0700
THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME					
ACTIVITY PROFESSIONAL - PART TIME	7.2	583	589	N	PROV0705
THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES					

PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.
 COBOL NAME: NUM-ACT-THER-PART-TIME
 ADMINISTRATION - CONTRACT 7.2 590 596 N PROV0710
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-ADMN-CONTRACT
 ADMINISTRATOR - FULL TIME 7.2 597 603 N PROV0715
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 EMPLOYED ON A FULL TIME BASIS BY A FACILITY.
 COBOL NAME: NUM-ADMN-FULL-TIME
 ADMINISTRATOR - PART TIME 7.2 604 610 N PROV0720
 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF
 EMPLOYED ON A PART-TIME BASIS BY A FACILITY.
 COBOL NAME: NUM-ADMN-PART-TIME
 ADMISSION SUSPENSION DATE 8 611 618 C PROV0030
 THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG
 TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE
 SANCTION IS TAKEN AGAINST THE FACILITY.
 COBOL NAME: ADMIN-SUSP-DT
 BEDS - MEDICARE SNF 4 619 622 N PROV1445
 NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY.
 COBOL NAME: NUM-T18-SNF-BEDS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS	4	623	626	N	PROV1455
BEDS - SNF/NF NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS	4	627	630	N	PROV1450
CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT	7.2	631	637	N	PROV1000
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.	7.2	638	644	N	PROV1005

COBOL NAME: NUM-NURSE-AID-FULL-TIME
 CERT NURSE AIDES - PART TIME 7.2 645 651 N PROV1010
 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE
 AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-NURSE-AID-PART-TIME
 CHRISTIAN SCIENCE INDICATOR 1 652 652 C PROV0110
 INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY
 COBOL NAME: CHRISTIAN-SCIENCE-IND
 VALUES: Y CHRISTIAN SCIENCE

COMPLIANCE: BEDS PER ROOM WAIVER 1 653 653 C PROV0225
 INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT
 HAS BEEN RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-BEDS-PER-ROOM
 VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 654 654 C PROV0270
 INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN
 RECOMMENDED FOR A FACILITY.
 COBOL NAME: COMPL-PATIENT-ROOM-SZ
 VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 7 DAY REGISTERED NURSE 1 655 655 C PROV0295
 INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE
 REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.
 COBOL NAME: COMPL-7-DAY-RN
 VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 656 662 N PROV0785
 THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-DENTIST-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
DENTISTS - FULL TIME	7.2	663	669	N	PROV0790
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-DENTIST-FULL-TIME					
DENTISTS - PART TIME	7.2	670	676	N	PROV0795
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED					

BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-DENTIST-PART-TIME
 DIETITIANS - CONTRACT 7.2 677 683 N PROV0805
 THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO
 A FACILITY.
 COBOL NAME: NUM-DIET-CONTRACT
 DIETITIANS - FULL TIME 7.2 684 690 N PROV0810
 THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-DIET-FULL-TIME
 DIETITIANS - PART TIME 7.2 691 697 N PROV0815
 THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-DIET-PART-TIME
 EXPERIMENTAL RESEARCH CONDUCTED 1 698 698 C PROV0465
 INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND
 TEST CLINICAL TREATMENTS.
 COBOL NAME: EXPER-RESEARCH
 VALUES: Y YES

 FOOD SERVICE - CONTRACT 7.2 699 705 N PROV0860
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-FOOD-SRV-CONTRACT
 FOOD SERVICE - FULL TIME 7.2 706 712 N PROV0865
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-FOOD-SRV-FULL-TIME
 FOOD SERVICE - PART TIME 7.2 713 719 N PROV0870
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-FOOD-SRV-PART-TIME
 HOUSEKEEPING - CONTRACT 7.2 720 726 N PROV0925
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-HOUSE-CONTRACT
 HOUSEKEEPING - FULL TIME 7.2 727 733 N PROV0930
 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING
 PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-HOUSE-FULL-TIME

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME	7.2	734	740	N	PROV0935
LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT	7.2	741	747	N	PROV1465
LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME	7.2	748	754	N	PROV1470
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	7.2	755	761	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO. COBOL NAME: LTC-CROSS-REF-PROV-NUM	6	762	767	C	PROV0640
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT	7.2	768	774	N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MED-FULL-TIME	7.2	775	781	N	PROV0965
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-PART-TIME	7.2	782	788	N	PROV0970
MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MED-AID-CONTRACT	7.2	789	795	N	PROV5180
MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.	7.2	796	802	N	PROV5170

COBOL NAME: NUM-MED-AID-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME	7.2	803	809	N	PROV5175
MENTAL HEALTH SERVICES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MEN-HLTH-CONTRACT	7.2	810	816	N	PROV0980
MENTAL HEALTH SERVICES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MEN-HLTH-FULL-TIME	7.2	817	823	N	PROV0985
MENTAL HEALTH SERVICES - PART TIME THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME	7.2	824	830	N	PROV0990
MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG	38	831	868	C	PROV0680
MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES	1	869	869	C	PROV0675
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT	7.2	870	876	N	PROV5165
NURSE AIDES IN TRNG-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN	7.2	877	883	N	PROV5155

TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-AID-TRNG-FULL-TIME
 NURSE AIDES IN TRNG-PART TIME 7.2 884 890 N PROV5160
 THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN
 TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-AID-TRNG-PART-TIME
 NURSES WITH ADMIN DUTIES-CONTRACT 7.2 891 897 N PROV5150
 THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH
 ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-NURSE-ADM-CONTRACT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NURSES WITH ADMIN DUTIES-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME	7.2	898	904	N	PROV5135
NURSES WITH ADMIN DUTIES-PART TIME NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-ADM-PART-TIME	7.2	905	911	N	PROV5145
OCCUP THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-AID-CONTRACT	7.2	912	918	N	PROV1020
OCCUP THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME	7.2	919	925	N	PROV1025
OCCUP THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME	7.2	926	932	N	PROV1030
OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT	7.2	933	939	N	PROV5195

OCCUP THERAPY ASST - FULL TIME	7.2	940	946	N	PROV5185
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-FULL-TIME					
OCCUP THERAPY ASST - PART TIME	7.2	947	953	N	PROV5190
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-ASST-PART-TIME					
OCCUPATIONAL THERAPIST - CONTRACT	7.2	954	960	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUPATIONAL THERAPIST - FULL TIME	7.2	961	967	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OCC-THER-FULL-TIME					
OCCUPATIONAL THERAPIST - PART TIME	7.2	968	974	N	PROV1045
THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OCC-THER-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ORGANIZED FAMILY GROUP	1	975	975	C	PROV1535
INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS.					
COBOL NAME: ORG-FAMILY-GRP					
VALUES: Y		YES			
ORGANIZED RESIDENT GROUP	1	976	976	C	PROV1540
INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP.					
COBOL NAME: ORG-RESID-GRP					
VALUES: Y		YES			
OTHER - CONTRACT	7.2	977	983	N	PROV3265
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.					
COBOL NAME: NUM-OTH-CONTRACT					
OTHER - FULL TIME	7.2	984	990	N	PROV3245

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A
FULL-TIME BASIS.

COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 991 997 N PROV3255

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A
PART-TIME BASIS.

COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 998 1004 N PROV5270

NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-CONTRACT

OTHER ACTIVITIES STAFF-FULL TIME 7.2 1005 1011 N PROV5260

NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-FULL-TIME

OTHER ACTIVITIES STAFF-PART TIME 7.2 1012 1018 N PROV5305

NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF.

COBOL NAME: NUM-OTH-ACT-PART-TIME

OTHER PHYSICIAN - CONTRACT 7.2 1019 1025 N PROV1060

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
UNDER CONTRACT TO A FACILITY

COBOL NAME: NUM-OTH-PHY-CONTRACT

OTHER PHYSICIAN - FULL TIME 7.2 1026 1032 N PROV1065

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OTH-PHY-FULL-TIME

OTHER PHYSICIAN - PART TIME 7.2 1033 1039 N PROV1070

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS
EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OTH-PHY-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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OTHR SOCIAL SERV STAFF-CONTRACT	7.2	1040	1046	N	PROV5300
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NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL
SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-CONTRACT

OTHR SOCIAL SERV STAFF-FULL TIME	7.2	1047	1053	N	PROV5290
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NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL
SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-FULL-TIME

OTHR SOCIAL SERV STAFF-PART TIME	7.2	1054	1060	N	PROV5295
NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.					
COBOL NAME: NUM-OTH-SOC-PART-TIME					
PHARMACISTS - CONTRACT	7.2	1061	1067	N	PROV1085
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-PHAR-CONTRACT					
PHARMACISTS - FULL TIME	7.2	1068	1074	N	PROV1090
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-PHAR-FULL-TIME					
PHARMACISTS - PART TIME	7.2	1075	1081	N	PROV1095
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-PHAR-PART-TIME					
PHYS THER ASST - CONTRACT	7.2	1082	1088	N	PROV5210
NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.					
COBOL NAME: NUM-THER-ASST-CONTRACT					
PHYS THER ASST - FULL TIME	7.2	1089	1095	N	PROV5200
NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.					
COBOL NAME: NUM-THER-ASST-FULL-TIME					
PHYS THER ASST - PART TIME	7.2	1096	1102	N	PROV5205
NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.					
COBOL NAME: NUM-THER-ASST-PART-TIME					
PHYSICAL THERAPISTS - CONTRACT	7.2	1103	1109	N	PROV1430
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-THER-CONTRACT					
PHYSICAL THERAPISTS - FULL TIME	7.2	1110	1116	N	PROV1435
THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-THER-FULL-TIME					
PHYSICAL THERAPISTS - PART TIME	7.2	1117	1123	N	PROV1440
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-THER-PART-TIME					

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PHYSICAL THERAPY AIDE - CONTRACT	7.2	1124	1130	N	PROV1415
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-THER-AID-CONTRACT					
PHYSICAL THERAPY AIDE - FULL TIME	7.2	1131	1137	N	PROV1420
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-THER-AID-FULL-TIME					
PHYSICAL THERAPY AIDE - PART TIME	7.2	1138	1144	N	PROV1425
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-THER-AID-PART-TIME					
PHYSICIAN EXTENDER - CONTRACT	7.2	1145	1151	N	PROV3270
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY.					
COBOL NAME: NUM-PHYS-EXT-CONTRACT					
PHYSICIAN EXTENDER - FULL TIME	7.2	1152	1158	N	PROV3250
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.					
COBOL NAME: NUM-PHYS-EXT-FULL-TIME					
PHYSICIAN EXTENDER - PART TIME	7.2	1159	1165	N	PROV3260
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.					
COBOL NAME: NUM-PHYS-EXT-PART-TIME					
PODIATRISTS - CONTRACT	7.2	1166	1172	N	PROV1130
THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-POD-CONTRACT					
PODIATRISTS - FULL TIME	7.2	1173	1179	N	PROV1135
THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-POD-FULL-TIME					
PODIATRISTS - PART TIME	7.2	1180	1186	N	PROV1140
THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-POD-PART-TIME					
PRIOR ADMISSION SUSPENSION DATE	8	1187	1194	C	PROV1610
PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED FOR A PROVIDER.					
COBOL NAME: PRIOR-ADMIN-SUSP-DT					
PRIOR RESCIND SUSPENSION DATE	8	1195	1202	C	PROV1640
THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF ADMISSIONS TO A LTC FACILITY.					
COBOL NAME: PRIOR-RESC-SUSP-DT					
PROVIDER BASED FACILITY	1	1203	1203	C	PROV1675
INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER					

BASED.

COBOL NAME: PROV-BASED-FACILITY

VALUES:

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y HOSPITAL BASED					
REGISTERED NURSE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT	7.2	1204	1210	N	PROV1150
REGISTERED NURSE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME	7.2	1211	1217	N	PROV1155
REGISTERED NURSE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-REG-NURSE-PART-TIME	7.2	1218	1224	N	PROV1160
RESCIND SUSPENSION DATE DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT	8	1225	1232	C	PROV1825
RN DIRECTOR OF NURSING - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT	7.2	1233	1239	N	PROV5130
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME	7.2	1240	1246	N	PROV5120
RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME	7.2	1247	1253	N	PROV5140
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT	7.2	1254	1260	N	PROV1170
SOCIAL WORKER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.	7.2	1261	1267	N	PROV1175

COBOL NAME: NUM-SOCIAL-FULL-TIME
 SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-SOCIAL-PART-TIME
 SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725
 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
 BY THE FACILITY FOR RESIDENTS WITH AIDS.
 COBOL NAME: NUM-AIDS-BEDS

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZHEIMERS. COBOL NAME: NUM-ALZHEIMERS-BEDS	3	1278	1280	N	PROV0730
SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS. COBOL NAME: NUM-DIAL-BEDS	3	1281	1283	N	PROV0800
SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS	3	1284	1286	N	PROV0855
SPECIAL CARE BEDS-HEAD TRAUMA THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA. COBOL NAME: NUM-HEAD-TRAUMA-BEDS	3	1287	1289	N	PROV0905
SPECIAL CARE BEDS-HOSPICE THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES. COBOL NAME: NUM-HOSPICE-BEDS	3	1290	1292	N	PROV0920
SPECIAL CARE BEDS-HUNTINGTONS THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE COBOL NAME: NUM-HUNTING-DIS-BEDS	3	1293	1295	N	PROV0940
SPECIAL CARE BEDS-SPEC REHAB THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS.	3	1296	1298	N	PROV1205

COBOL NAME: NUM-SPEC-REHAB-BEDS
SPECIAL CARE BEDS-VENTILATOR 3 1299 1301 N PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED
BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/
RESPIRATORY CARE NEEDS.
COBOL NAME: NUM-VENT-RESP-BEDS
SPEECH PATHOLOGIST - CONTRACT 7.2 1302 1308 N PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
UNDER CONTRACT TO A FACILITY.
COBOL NAME: NUM-SPCH-PATH-CONTRACT
SPEECH PATHOLOGIST - FULL TIME 7.2 1309 1315 N PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
COBOL NAME: NUM-SPCH-PATH-FULL-TIME
SPEECH PATHOLOGIST - PART TIME 7.2 1316 1322 N PROV1200
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
EMPLOYED BY A FACILITY ON A PART TIME BASIS.
COBOL NAME: NUM-SPCH-PATH-PART-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: ACTIVITIES-OFFSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1323	1323	C	PROV3390
SRV: ACTIVITIES-ONSITE-NON RES INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ACT-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1324	1324	C	PROV3385
SRV: ACTIVITIES-ONSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED	1	1325	1325	C	PROV3380

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1326 1326 C PROV3525
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
COBOL NAME: SP-ADM-BLOOD-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1327 1327 C PROV3520
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
COBOL NAME: SP-ADM-BLOOD-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1328 1328 C PROV3515
INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
COBOL NAME: SP-ADM-BLOOD-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1329 1329 C PROV3495
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.
COBOL NAME: SP-CLIN-LAB-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: CLINICAL LAB-ONSITE-NON RES	1	1330	1330	C	PROV3490
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-CLIN-LAB-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1331 1331 C PROV3485
INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1332 1332 C PROV3435
INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1333 1333 C PROV3430
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1334 1334 C PROV3425
INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1335 1335 C PROV3345
INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1336 1336 C PROV3340
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DIETARY-ONSITE-RESIDENTS	1	1337	1337	C	PROV3335
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INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1338 1338 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1339 1339 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1340 1340 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1341 1341 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1342 1342 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1343 1343 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: NURSING-OFFSITE-RESIDENTS INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-NURSING-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1344	1344	C	PROV3315
SRV: NURSING-ONSITE-NON RESIDENTS INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-NURSING-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1345	1345	C	PROV3310
SRV: NURSING-ONSITE-RESIDENTS INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-NURSING-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1346	1346	C	PROV3305
SRV: OCCUP THER-OFFSITE-RESIDENTS INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-OCC-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1347	1347	C	PROV3360
SRV: OCCUP THER-ONSITE-NON RESID INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-OCC-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1348	1348	C	PROV3355
SRV: OCCUP THER-ONSITE-RESIDENTS INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-OCC-THER-ON-RES	1	1349	1349	C	PROV3350

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1350 1350 C PROV5255
FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OTH ACTIVITIES-ONSITE NONRES	1	1351	1351	C	PROV5250
FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO NONRESIDENTS. COBOL NAME: SP-OTH-ACT-ON-NON-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: OTH ACTIVITIES-ONSITE RES	1	1352	1352	C	PROV5245
FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO RESIDENTS. COBOL NAME: SP-OTH-ACT-ON-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: OTH SOC SRV-OFFSITE TO RES	1	1353	1353	C	PROV5285
FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S ERVICES STAFF OFFSITE TO RESIDENTS. COBOL NAME: SP-OTH-SOC-OFF-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: OTH SOC SRV-ONSITE TO NONRES	1	1354	1354	C	PROV5280
INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-OTH-SOC-ON-NON-RES					
VALUES: N				SERVICE IS NOT PROVIDED	
Y				SERVICE IS PROVIDED	

SRV: OTH SOC SRV-ONSITE TO RES	1	1355	1355	C	PROV5275
FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE					

S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1356 1356 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-ON-SITE-NON RESIDENTS 1 1357 1357 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 26

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHARMACY-ON-SITE-RESIDENTS 1 1358 1358 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1359 1359 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ON-SITE-NON RES 1 1360 1360 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1361 1361 C PROV3290
INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-PHYS-EXT-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1362 1362 C PROV3375
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.
COBOL NAME: SP-PHYS-THER-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1363 1363 C PROV3370
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.
COBOL NAME: SP-PHYS-THER-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1364 1364 C PROV3365
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-PHYS-THER-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: PHYSICIAN-OFFSITE-RESIDENTS	1	1365	1365	C	PROV3285
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-PHYS-OFF-RES					
VALUES: N					SERVICE IS NOT PROVIDED
Y					SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT	1	1366	1366	C	PROV3280
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-PHYS-ON-NON-RES					
VALUES: N					SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1367 1367 C PROV3275
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-PHYS-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1368 1368 C PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-PODIATRY-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1369 1369 C PROV3445
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-PODIATRY-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1370 1370 C PROV3440
INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-PODIATRY-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1371 1371 C PROV3405
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.
COBOL NAME: SP-MED-SOC-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 28
SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: SOCIAL WORK-ONSITE-NON RESID	1	1372	1372	C	PROV3400
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					

COBOL NAME: SP-MED-SOC-ON-NON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV:	SOCIAL WORK-ONSITE-RESIDENTS	1	1373	1373 C	PROV3395
INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-MED-SOC-ON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV:	SPEECH PATH-OFFSITE-RESIDEN	1	1374	1374 C	PROV3420
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-SPEECH-PH-OFF-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV:	SPEECH PATH-ONSITE-NON RESID	1	1375	1375 C	PROV3415
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-SPEECH-PH-ON-NON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV:	SPEECH PATH-ONSITE-RESIDENTS	1	1376	1376 C	PROV3410
INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-SPEECH-PH-ON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV:	THER REC SPEC-OFFSITE TO RES	1	1377	1377 C	PROV5225
INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-THER-REC-OFF-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			
SRV:	THER REC SPEC-ONSITE-NONRES	1	1378	1378 C	PROV5220
INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.					
COBOL NAME: SP-THER-REC-ON-NON-RES					
VALUES:	N	SERVICE IS NOT PROVIDED			
	Y	SERVICE IS PROVIDED			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 29
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: THER REC SPEC-ONSITE-RESIDENT INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1379	1379	C	PROV5215
SRV: VOCATIONAL-OFFSITE-RESIDENTS INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-VOC-GUID-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1380	1380	C	PROV3480
SRV: VOCATIONAL-ONSITE-NON RESID INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-VOC-GUID-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1381	1381	C	PROV3475
SRV: VOCATIONAL-ONSITE-RESIDENTS INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-VOC-GUID-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1382	1382	C	PROV3470
SRV: XRAY-OFFSITE-RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DIAG-XRAY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1383	1383	C	PROV3510
SRV: XRAY-ONSITE-NON RESIDENTS INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DIAG-XRAY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1384	1384	C	PROV3505

SRV: XRAY-ONSITE-RESIDENTS 1 1385 1385 C PROV3500
 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
 ONSITE TO RESIDENTS.
 COBOL NAME: SP-DIAG-XRAY-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 30
 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
THER REC SPEC - CONTRACT NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-CONTRACT	7.2	1386	1392	N	PROV5240
THER REC SPEC - FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-FULL-TIME	7.2	1393	1399	N	PROV5230
THER REC SPEC - PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST. COBOL NAME: NUM-THER-REC-PART-TIME	7.2	1400	1406	N	PROV5235

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 HOME HEALTH AGENCY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 05 HOME HEALTH AGENCIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME
 INTERMEDIARY NUMBER 5 113 117 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM

VALUES:	00000	DUMMY FOR MEDICAID HHA
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00180	BLUE CROSS (MAINE)
	00230	BLUE CROSS (MISSISSIPPI)
	00290	BLUE CROSS (NEW MEXICO)
	00332	COMMUNITY MUTUAL INSURANCE CO
	00362	BLUE CROSS (INDEPENDENCE)
	00370	BLUE CROSS (RHODE ISLAND)
	00380	BLUE CROSS (SOUTH CAROLINA)
	00400	BLUE CROSS (TEXAS)
	00410	BLUE CROSS (UTAH)
	00450	BLUE CROSS (WISCONSIN)
	00511	CAHABA
	01390	AETNA (WASHINGTON)
	31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
	31143	NATIONAL HERITAGE INSURANCE CO
	31144	NATIONAL HERITAGE INSURANCE CO
	31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
	51051	AETNA (PETALUMA)
	51100	AETNA (CLEARWATER)
	51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE 8 118 125 C PROV1565
 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: PARTCI-DT
 PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
 COBOL NAME: PRIOR-CHOW-DT
 PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM
 PROVIDER NUMBER 10 139 148 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM
 RECORD TYPE 1 149 149 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK
 REGION CODE 2 150 151 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE
 SKELETON RECORD INDICATOR 1 152 152 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
STATE ABBREVIATION	2	153	154	C	PROV3230
STATE ABBREVIATION					
COBOL NAME: STATE-ABBREV					
VALUES:					
AK					ALASKA
AL					ALABAMA
AR					ARKANSAS
AS					AMERICAN SAMOA
AZ					ARIZONA
CA					CALIFORNIA
CN					CANADA
CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA
NY					NEW YORK

OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA

17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO

64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
02					VOL-REIMBURSE
03					VOL-RISK INVOL
04					VOL-OTHER
05					INVOL-FAIL REQ
06					INVOL-AGREEMNT
07					OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	230	230	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1	INITIAL			

2	RECERTIFICATION
3	TERMINATION
4	CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	231	232	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.
COBOL NAME: TYPE-CONTROL

VALUES:	01	VOL. NON-PROF. - RELIGIOUS AFF.
	02	VOLUNTARY NON-PROFIT - PRIVATE
	03	VOLUNTARY NON-PROFIT - OTHER
	04	PROPRIETARY
	05	GOVERNMENT - STATE/COUNTY
	06	GOVERNMENT - COMB. GOVT & VOL.
	07	GOVERNMENT - LOCAL

ZIP CODE	5	233	237	C	PROV2905
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THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.
COBOL NAME: ZIP-CD

FIPS STATE CODE	2	238	239	C	FIPSTATE
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FIPS STATE CODE
COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE	3	240	242	C	FIPCNTY
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FIPS COUNTY CODE
COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE	3	243	245	C	SSAMSACD
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SSA MSA CODE
COBOL NAME: WS-SSA-MSA-CD

SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
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SSA MSA SIZE CODE
COBOL NAME: WS-SSA-MSA-SIZE-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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ACCREDITATION INDICATOR	1	263	263	C	PROV0010
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INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR
THE ACCREDITATION OF THE PROVIDER.
COBOL NAME: ACCRED-STAT

VALUES:	0	NONE
	1	JCAHO
	2	CHAP

DIETICIANS	7.2	365	371	N	PROV0820
NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-DIETICIANS					
FISCAL YEAR ENDING DATE	4	372	375	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
LICENSED PRACT/VOCAT NURSES	7.2	383	389	N	PROV0955
NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-LPN-LVN					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
OCCUPATIONAL THERAPISTS	7.2	407	413	N	PROV1050
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-OCCUP-THERAPISTS					
OTHER PERSONNEL	7.2	414	420	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					
PROGRAM PARTICIPATION	1	442	442	C	PROV1670
INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.					
COBOL NAME: PROG-PARTCI					
VALUES:	1	MEDICARE ONLY			
	2	MEDICAID ONLY			
	3	MEDICARE AND MEDICAID			
REGIONAL OVERRIDE #2 (STAFFING)	1	465	465	C	PROV1550
THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM.					
COBOL NAME: OVERRIDE-2					
VALUES:	Y	RECORD HAS BEEN APPROVED			

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS	7.2	467	473	N	PROV1145
REGISTERED PHARMACISTS THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHARMACIST-REG	7.2	474	480	N	PROV1100
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	502	511	C	PROV1755
SRV: OCCUPATIONAL THERAPY INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-OCCUP-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	544	544	C	PROV2270
SRV: PHARMACY INDICATES HOW PHARMACY SERVICES ARE PROVIDED. COBOL NAME: SP-PHARMACY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	553	553	C	PROV2365
SRV: PHYSICAL THERAPY INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	554	554	C	PROV2370
TYPE OF FACILITY INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY. COBOL NAME: TYPE-FACILITY VALUES: 01 VISITING NURSE ASSOCIATION 02 COMBINATION GOVERNMENT VOLUNTARY	2	566	567	C	PROV2890

03	OFFICIAL HEALTH AGENCY
04	REHABILITATION FACILITY BASED PROGRAM
05	HOSPITAL BASED PROGRAM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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06	SKILLED NURSING FACILITY BASED PROGRAM
07	OTHER
08	HHA BRANCH

AIDE TRAINING/COMPETENCY PROGRAMS	1	1407	1407	C	PROV0555
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INDICATES HOW THE AGENCY PROVIDES HOME HEALTH AIDE
 TRAINING AND COMPETENCY EVALUATION PROGRAMS.
 COBOL NAME: HHA-PROVIDES-DIRECT
 VALUES: 1 AIDE TRAINING
 2 COMPETENCY EVALUATION PROG.
 3 AIDE TRAINING AND COMPETENCY PROG.
 4 NEITHER

BRANCH OPERATION INDICATOR	1	1408	1408	C	PROV1525
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INDICATES IF THE AGENCY OPERATES ANY BRANCHES.
 COBOL NAME: OPERS-BRANCHES
 VALUES: N NO
 Y YES

BRANCHES	3	1409	1411	N	PROV0745
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THE NUMBER OF BRANCHES OPERATED BY THE AGENCY.
 COBOL NAME: NUM-BRANCHES

CHANGE OF OWNERSHIP INDICATOR	1	1412	1412	C	PROV0105
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INDICATES IF A HOME HEALTH AGENCY HAS UNDERGONE A
 CHANGE OF OWNERSHIP SINCE THE LAST SURVEY.
 COBOL NAME: CHOW-IND
 VALUES: N NO
 Y YES

HHA QUALIFIED FOR OPT	1	1413	1413	C	PROV0560
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INDICATES IF A HOME HEALTH AGENCY IS QUALIFIED TO
 PROVIDE OUTPATIENT PHYSICAL THERAPY/SPEECH SERVICES.
 COBOL NAME: HHA-QUAL-FOR-OPT
 VALUES: N NO
 Y YES

HOME HEALTH AIDES	7.2	1414	1420	N	PROV0910
NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE. COBOL NAME: NUM-HOME-HEALTH-AIDES					
HOSPICE INDICATOR	1	1421	1421	C	PROV0665
INDICATES IF THE HOME HEALTH AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM AS A HOSPICE. COBOL NAME: MEDICARE-CERT-HOSPICE					
VALUES:	N			NO	
	Y			YES	

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICARE HOSPICE PROVIDER NUMBER	6	1422	1427	C	PROV0570
IF THE AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM AS A HOSPICE, THE HOSPICE PROVIDER NUMBER. COBOL NAME: HOSPICE-PROV-NUM					
MEDICARE/MEDICAID PROVIDER NUMBER	6	1428	1433	C	PROV0650
IF THE AGENCY IS BASED IN ANOTHER MEDICARE OR MEDICAID FACILITY, THE PROVIDER NUMBER OF THAT FACILITY. COBOL NAME: MEDICAID-CARE-VEND-NUM					
SOCIAL WORKERS	7.2	1434	1440	N	PROV1185
THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY. COBOL NAME: NUM-SOCIAL-WRKS					
SPEECH PATHOLOGISTS, AUDIOLOGISTS	7.2	1441	1447	N	PROV1220
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-SPEECH-PATH-AUDIO					
SRV: APPLIANCE AND EQUIPMENT	1	1448	1448	C	PROV2075
INDICATES HOW APPLIANCE AND EQUIPMENT SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY. COBOL NAME: SP-APPLIANCE-EQUIP					
VALUES:	0			NOT PROVIDED	
	1			PROVIDED BY STAFF	
	2			PROVIDED UNDER ARRANGEMENT	
	3			COMBINATION	
SRV: HOME HEALTH AIDE/HOMEMAKER	1	1449	1449	C	PROV2155
INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED					

BY A HOME HEALTH AGENCY.

COBOL NAME: SP-HH-AIDE-HOMEMAKER

VALUES: 0 NOT PROVIDED
1 PROVIDED BY AGENCY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: INTERNS AND RESIDENTS 1 1450 1450 C PROV2195

INDICATES HOW INTERN AND RESIDENT SERVICES ARE PROVIDED

BY A HOME HEALTH AGENCY.

COBOL NAME: SP-INTERNS-RESIDENTS

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: MEDICAL SOCIAL 1 1451 1451 C PROV2220

INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED

COBOL NAME: SP-MEDICAL-SOCIAL

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: NURSING 1 1452 1452 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES: 1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: NUTRITIONAL GUIDANCE 1 1453 1453 C PROV2255

INDICATES HOW NUTRITIONAL GUIDANCE SERVICES ARE PROVIDED.

COBOL NAME: SP-NUTRITION-GUIDANCE

VALUES: 0 NOT PROVIDED
1 PROVIDED BY STAFF
2 PROVIDED UNDER ARRANGEMENT
3 COMBINATION

SRV: OTHER 1 1454 1454 C PROV2340
 INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED.
 COBOL NAME: SP-OTHER
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: SPEECH THERAPY 1 1455 1455 C PROV2520
 INDICATES HOW SPEECH THERAPY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-THERAPY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: VOCATIONAL GUIDANCE 1 1456 1456 C PROV2535
 INDICATES HOW VOCATIONAL GUIDANCE SERVICES ARE PROVIDED
 COBOL NAME: SP-VOCAT-GUIDANCE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY AGENCY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SUBUNIT INDICATOR 1 1457 1457 C PROV2725
 INDICATES IF THE AGENCY IS A SUBUNIT OF ANOTHER AGENCY.
 COBOL NAME: SUBUNIT-IND
 VALUES: N NO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13
 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y					YES

SUBUNIT OPERATION INDICATOR 1 1458 1458 C PROV1530
 INDICATES IF THE AGENCY OPERATES ANY SUBUNITS.
 COBOL NAME: OPERS-SUBUNITS
 VALUES: N NO
 Y YES

SUBUNITS 3 1459 1461 N PROV1240

THE NUMBER OF SUBUNITS OPERATED BY THE AGENCY.
 COBOL NAME: NUM-SUBUNITS
 SURETY BOND INDICATOR 1 1462 1462 C PROV5680
 SURETY BOND INDICATOR, VALID VALUES ARE "N" OR "Y" OR
 "W"
 COBOL NAME: SURETY-BOND-IND
 VALUES: N NO
 W WAIVER
 Y YES

PHYSICAL THERAPISTS ON STAFF 7.2 1493 1499 N PROV1120
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR
 A HOME HEALTH AGENCY PROVIDER.
 COBOL NAME: NUM-PHYS-THERAPISTS

SRV: LABORATORY 1 1683 1683 C PROV2200
 INDICATES HOW LABORATORY SERVICES ARE PROVIDED.
 COBOL NAME: SP-LABORATORY
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01			X-RAY		
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.					
COBOL NAME: CATEGORY					
VALUES: 07			PORTABLE X-RAY SUPPLIERS		
CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1			COMPLIANCE BASED ON ACCEPTABLE POC		
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A			IN COMPLIANCE		
B			NOT IN COMPLIANCE		
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	38	75	112	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00122 HCSC - MICHIGAN 00131 ADMINISTAR FEDERAL (CHICAGO) 00510 BLUE SHIELD (ALABAMA) 00511 CAHABA 00520 BLUE SHIELD (ARKANSAS) 00528 BLUE SHIELD (ARKANSAS/LOUISIANA) 00542 BLUE SHIELD (CALIFORNIA) 00550 BLUE SHIELD (COLORADO) 00570 BLUE SHIELD (DELAWARE) 00580 BLUE SHIELD (DISTRICT OF COLUMBIA) 00590 BLUE SHIELD (FLORIDA) 00621 BLUE SHIELD (ILLINOIS) 00630 BLUE SHIELD (INDIANA) 00640 BLUE SHIELD (IOWA) 00650 BLUE SHIELD (KANSAS) 00655 BLUE SHIELD (KANSAS/NEBRASKA) 00660 BLUE SHIELD (KENTUCKY) 00690 BLUE SHIELD (MARYLAND)	5	113	117	C	PROV0605

00700	BLUE SHIELD (MASSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00820					BLUE SHIELD (NORTH DAKOTA)
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
00910					BLUE SHIELD (UTAH)
00930					BLUE SHIELD (WASHINGTON)
00951					WISCONSIN PHYSICIANS SERVICE
00973					BLUE SHIELD (PUERTO RICO)
00974					BLUE SHIELD (VIRGIN ISLANDS)
01010					AETNA (PEORIA)
01020					AETNA (ALASKA)
01030					AETNA (ARIZONA)
01040					AETNA (GEORGIA)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)

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PARTICIPATION DATE              8      118    125  C      PROV1565
  THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
  MEDICARE AND/OR MEDICAID SERVICES.
  COBOL NAME: PARTCI-DT

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	126	133	C	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	134	138	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	139	148	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	149	149	C	PROV1720

REGION CODE	2	150	151	C	PROV1725
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THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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AZ					ARIZONA
CA					CALIFORNIA
CN					CANADA
CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII

IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
VI					VIRGIN ISLANDS
VT					VERMONT

WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE
	31	NEW JERSEY
	32	NEW MEXICO
	33	NEW YORK
	34	NORTH CAROLINA
	35	NORTH DAKOTA
	36	OHIO
	37	OKLAHOMA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES: 00	ACTIVE				

01	VOL-MERG,CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1	8	222	229	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	230	230	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 INDIVIDUAL 02 PARTNERSHIP 03 CORPORATION 04 OTHER THAN PRIVATE	2	231	232	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	233	237	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	240	242	C	FIPCNTY

SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE					
STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING					
PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
OTHER PERSONNEL	7.2	414	420	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED					
PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
DIRECTOR QUALIFICATIONS	1	1463	1463	C	PROV1715
INDICATES THE QUALIFICATIONS OF THE DIRECTOR OF A					
SUPPLIER OF PORTABLE X-RAY SERVICES.					
COBOL NAME: QUAL-OF-DIRECTOR					
VALUES:	1				PHYSICIAN
	2				PHD/SCD
	3				MS/MA
	4				BS/BA
	5				OTHER
TECHNOLOGISTS - ASSOC DEGREE	7.2	1464	1470	N	PROV0735
THE NUMBER OF TECHNOLOGISTS WITH ASSOCIATE DEGREES IN					
RADIOLOGIC TECHNOLOGY.					
COBOL NAME: NUM-AS-RADIO-TECH					
TECHNOLOGISTS - BS/BA DEGREE	7.2	1471	1477	N	PROV0750
NUMBER OF TECHNOLOGISTS WITH BACHELOR OF SCIENCE					
OR BACHELOR OF ARTS DEGREES IN RADIOLOGIC TECHNOLOGY.					
COBOL NAME: NUM-BS-BA-RAD-TECH					
TECHNOLOGISTS - 2 YEAR RADIOLOGY	7.2	1478	1484	N	PROV1515
THE NUMBER OF FULL-TIME EQUIVALENT TECHNOLOGISTS					
EMPLOYED BY A PORTABLE X-RAY PROVIDER WHO ARE GRADUATES					
OF A TWO YEAR APPROVED SCHOOL OF RADIOLOGIC TECHNOLOGY.					

COBOL NAME: NUM-2YR-RADIO-TECH

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 OPT OR SPECH PATHOLOGY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 08 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS
 TAKEN PLACE FOR A PARTICULAR PROVIDER.
 COBOL NAME: CHOW-CNT
 CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100
 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.
 COBOL NAME: CHOW-DT
 CITY 28 15 42 C PROV3225
 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.
 COBOL NAME: CITY
 COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.
 COBOL NAME: COMPL-ACCEPT-PLAN-COR
 VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC
 COMPLIANCE: STATUS 1 44 44 C PROV2715
 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.
 COBOL NAME: STATUS-COMPL
 VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE
 COUNTY CODE 3 45 47 C PROV2695
 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.
 COBOL NAME: SSA-COUNTY
 CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					

COBOL NAME: SURVEY-DT-1
 ELIGIBILITY CODE 1 74 74 C PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: ELIG-CD
 VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM
 VALUES: 00010 BLUE CROSS (ALABAMA)
 00020 BLUE CROSS (ARKANSAS)
 00030 BLUE CROSS (ARIZONA)
 00040 BLUE CROSS (CALIFORNIA)
 00060 BLUE CROSS (CONNECTICUT)
 00070 BLUE CROSS (DELAWARE)
 00090 BLUE CROSS (FLORIDA)
 00101 BLUE CROSS (GEORGIA)
 00121 HEALTH CARE SERVICE CORPORATION
 00122 HCSC - MICHIGAN
 00123 HCSC OF MICHIGAN
 00130 BLUE CROSS (INDIANA)
 00131 ADMINISTAR FEDERAL (CHICAGO)
 00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150 BLUE CROSS (KANSAS)
 00160 BLUE CROSS (KENTUCKY)
 00180 BLUE CROSS (MAINE)
 00190 BLUE CROSS (MARYLAND)
 00200 BLUE CROSS (MASSACHUSETTS)
 00210 BLUE CROSS (MICHIGAN)
 00220 BLUE CROSS (MINNESOTA)
 00230 BLUE CROSS (MISSISSIPPI)
 00231 BLUE CROSS (LOUISIANA)
 00241 BLUE CROSS (MISSOURI)
 00250 BLUE CROSS (MONTANA)
 00260 BLUE CROSS (NEBRASKA)
 00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE
 00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 3

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)
00450					BLUE CROSS (WISCONSIN)
00452					UNITED GOVERNMENT SERVICE - MI
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00510					BLUE SHIELD (ALABAMA)
00511					CAHABA
00520					BLUE SHIELD (ARKANSAS)
00528					BLUE SHIELD (ARKANSAS/LOUISIANA)
00542					BLUE SHIELD (CALIFORNIA)
00550					BLUE SHIELD (COLORADO)
00570					BLUE SHIELD (DELAWARE)
00580					BLUE SHIELD (DISTRICT OF COLUMBIA)
00590					BLUE SHIELD (FLORIDA)
00621					BLUE SHIELD (ILLINOIS)
00630					BLUE SHIELD (INDIANA)
00640					BLUE SHIELD (IOWA)
00650					BLUE SHIELD (KANSAS)
00655					BLUE SHIELD (KANSAS/NEBRASKA)
00660					BLUE SHIELD (KENTUCKY)
00690					BLUE SHIELD (MARYLAND)
00700					BLUE SHIELD (MASSACHUSETTS)
00710					BLUE SHIELD (MICHIGAN)
00720					BLUE SHIELD (MINNESOTA)
00740					BLUE SHIELD (KANSAS CITY)
00751					BLUE SHIELD (MONTANA)

00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
00910					BLUE SHIELD (UTAH)
00930					BLUE SHIELD (WASHINGTON)
00951					WISCONSIN PHYSICIANS SERVICE
00952					WISCONSIN PHYSICIAN SERVICES - IL
00953					WISCONSIN PHYSICIAN SERVICES - MI
00973					BLUE SHIELD (PUERTO RICO)
00974					BLUE SHIELD (VIRGIN ISLANDS)
01010					AETNA (PEORIA)
01020					AETNA (ALASKA)
01030					AETNA (ARIZONA)
01040					AETNA (GEORGIA)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)

10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS ASSIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					
RECORD TYPE	1	149	149	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 150 151 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO
CT CONNECTICUT
DC DISTRICT OF COLUMBIA

DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 7

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE

TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 8

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29					NEVADA
30					NEW HAMPSHIRE
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN
STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION					
WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO					
PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR					
THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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00	ACTIVE
01	VOL-MERG,CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
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THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

COBOL NAME: EXP-DT-1

TYPE OF ACTION	1	230	230	C	PROV2880
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IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1	INITIAL
2	RECERTIFICATION
3	TERMINATION
4	CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	231	232	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01	VOL. NON-PROF. NOT CHURCH
02	VOLUNTARY NON PROFIT CHURCH
03	STATE GOVERNMENT
04	LOCAL GOVERNMENT
05	COMBINATION GOVERNMENT & VOL.
06	PROPRIETARY

ZIP CODE	5	233	237	C	PROV2905
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THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FISCAL YEAR ENDING DATE	4	372	375	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
OCCUPATIONAL THERAPISTS	7.2	407	413	N	PROV1050
THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-OCCUP-THERAPISTS					
PHYSICAL THERAPISTS	7.2	422	428	N	PROV1125
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-PHYS-THERAPY					
RELATED PROVIDER NUMBER	10	502	511	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
TYPE OF FACILITY	2	566	567	C	PROV2890
INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.					

COBOL NAME: TYPE-FACILITY

VALUES:	01	HOSPITAL
	02	SKILLED NURSING FACILITY
	03	HOME HEALTH AGENCY
	04	REHABILITATION AGENCY
	05	PUBLIC CLINIC
	06	PRIVATE CLINIC
	07	PUBLIC HEALTH AGENCY

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1441 1447 N PROV1220

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO

DOES FACIL. PROVIDES OPT OCCUP 1 1485 1485 C PROV1685

DOES FACILITY PROVIDE OCCUPATIONAL THERAPY SERVICES ??

COBOL NAME: PROVIDES-OCCUP-THERAPY

VALUES:	N	NO
	Y	YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PHYSICAL THERAPIST - ARRANGEMENT 7.2 1486 1492 N PROV1105

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL
THERAPY FACILITY.

COBOL NAME: NUM-PHY-THER-ARGNM

PHYSICAL THERAPISTS ON STAFF 7.2 1493 1499 N PROV1120

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR
A HOME HEALTH AGENCY PROVIDER.

COBOL NAME: NUM-PHYS-THERAPISTS

SPEECH PATHOLOGISTS - ARRANGEMENT 7.2 1500 1506 N PROV1215

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS
EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL
THERAPY FACILITY.

COBOL NAME: NUM-SPEECH-PATH-AR

SPEECH PATHOLOGISTS - TOTAL 7.2 1507 1513 N PROV1210

THE TOTAL NUMBER OF FULL-TIME EQUIVALENT SPEECH

PATHOLOGISTS ON STAFF AND BY ARRANGEMENT IN AN
 OUTPATIENT PHYSICAL THERAPY FACILITY.
 COBOL NAME: NUM-SPEECH-PATH
 SRV: PHYSICAL THERAPY/SPEECH PATH 1 1514 1514 C PROV2500
 INDICATES IF PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY
 SERVICES ARE PROVIDED BY A OUTPATIENT PHYSICAL
 THERAPY PROVIDER.
 COBOL NAME: SP-SPEECH-AND-PATH
 VALUES: 1 PHYSICAL THERAPY
 2 SPEECH PATHOLOGY
 3 BOTH
 4 OCCUPATIONAL THERAPY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01	END STAGE RENAL DISEASE				
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE					

PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 09

END STAGE RENAL DISEASE FACILITIES

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS
TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

COBOL NAME: CHOW-DT

CITY 28 15 42 C PROV3225

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1

COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A

IN COMPLIANCE

B

NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE

COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 2

END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)
00060 BLUE CROSS (CONNECTICUT)
00070 BLUE CROSS (DELAWARE)
00090 BLUE CROSS (FLORIDA)
00101 BLUE CROSS (GEORGIA)
00121 HEALTH CARE SERVICE CORPORATION
00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)
00131 ADMINISTAR FEDERAL (CHICAGO)
00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
00150 BLUE CROSS (KANSAS)
00160 BLUE CROSS (KENTUCKY)
00180 BLUE CROSS (MAINE)
00190 BLUE CROSS (MARYLAND)
00200 BLUE CROSS (MASSACHUSETTS)
00210 BLUE CROSS (MICHIGAN)
00220 BLUE CROSS (MINNESOTA)
00230 BLUE CROSS (MISSISSIPPI)
00231 BLUE CROSS (LOUISIANA)
00241 BLUE CROSS (MISSOURI)
00250 BLUE CROSS (MONTANA)
00260 BLUE CROSS (NEBRASKA)

00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE
 00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)
00450					BLUE CROSS (WISCONSIN)
00452					UNITED GOVERNMENT SERVICE - MI
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00901					TRAILBLAZERS HEALTH ENTERPRISES
00952					WISCONSIN PHYSICIAN SERVICES - IL
00953					WISCONSIN PHYSICIAN SERVICES - MI
01390					AETNA (WASHINGTON)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31145					NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)

52280 MUTUAL OF OMAHA
57400 COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE 8 118 125 C PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
MEDICARE AND/OR MEDICAID SERVICES.
COBOL NAME: PARTCI-DT
PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
COBOL NAME: PRIOR-CHOW-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN
COBOL NAME: PRIOR-INTER-CARRIER-NUM
PROVIDER NUMBER 10 139 148 C PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
COBOL NAME: PROV-NUM
RECORD TYPE 1 149 149 C PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
COBOL NAME: RECORD-TYPE
VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 150 151 C PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.
COBOL NAME: REGION
VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER

09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.
COBOL NAME: SKELETON-IND
VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230
STATE ABBREVIATION
COBOL NAME: STATE-ABBREV
VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN

MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.
COBOL NAME: SSA-STATE
VALUES: 01 ALABAMA
02 ALASKA

03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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41	RHODE ISLAND				
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42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1	8	222	229	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	230	230	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT 02 NOT FOR PROFIT 03 PUBLIC	2	231	232	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	233	237	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	240	242	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	243	245	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	246	246	C	SSAMSASZ
DIETICIANS NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY.	7.2	365	371	N	PROV0820

COBOL NAME: NUM-DIETICIANS
 FISCAL YEAR ENDING DATE 4 372 375 C PROV0485
 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
 YEAR.
 COBOL NAME: FISC-YR-END-DT
 MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655
 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
 STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
 PURPOSES.
 COBOL NAME: MEDICAID-VEND-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL	7.2	414	420	N	PROV1075
REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS	7.2	467	473	N	PROV1145
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	502	511	C	PROV1755
MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG	38	831	868	C	PROV0680
MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES	1	869	869	C	PROV0675
SOCIAL WORKERS THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY. COBOL NAME: NUM-SOCIAL-WRKS	7.2	1434	1440	N	PROV1185
ESRD NETWORK # THE NUMBER OF THE NETWORK TO WHICH THE END STAGE RENAL	2	1515	1516	C	PROV0685

DIALYSIS FACILITY IS ASSIGNED.

COBOL NAME: NETWORK-NUM

VALUES:	01	CONN-MAINE-MASS-NEW HAMP-RHODE ISLAND-VERMONT
	02	NEW YORK
	03	NEW JERSEY, PUERTO RICO AND VIRGIN ISLAND
	04	DELAWARE AND PENNSYLVANIA
	05	DIST OF COLUM-MARYLAND-VIRGINIA-WEST VIRGINIA
	06	GEORGIA, SOUTH CAROLINA AND NORTH CAROLINA
	07	FLORIDA
	08	ALABAMA, MISSISSIPPI AND TENNESSEE
	09	INDIANA, KENTUCKY AND OHIO
	10	ILLINOIS
	11	MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSIN
	12	IOWA, KANSAS, MISSOURI AND NEBRASKA
	13	ARKANSAS, LOUISIANA AND OKLAHOMA
	14	TEXAS
	15	ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMING
	16	ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
17					COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM
18					COUNTIES IN SOUTHERN CALIFORNIA

NUMBER OF PATIENTS TUE. 4TH SHIFT	3	1517	1519	N	PROV5540
NUMBER OF PATIENTS TUE. 4TH SHIFT					
COBOL NAME: NUM-PATIENT-TUE-SHIFT-4					
STATIONS - HEMODIALYSIS	3	1520	1522	N	PROV1230
THE TOTAL NUMBER OF HEMODIALYSIS STATIONS IN AN END					
STAGE RENAL DISEASE (ESRD) FACILITY.					
COBOL NAME: NUM-STATIONS-HEMO					
STATIONS - TOTAL	3	1523	1525	N	PROV2855
THE TOTAL NUMBER OF APPROVED DIALYSIS STATIONS IN AN					
END STAGE RENAL DIALYSIS FACILITY.					
COBOL NAME: TOT-STATIONS					
HOSPITAL BASED INDICATOR	1	1667	1667	C	PROV0565
HOSPITAL BASED INDICATOR					
COBOL NAME: HOSP-BASED-IND					
VALUES:	Y	HOSPITAL BASED			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19 ONLY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 10 NURSING FACILITIES	2	3	4	C	PROV0075

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS					
TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM					
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION					
OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE					
WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY					
IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,					
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR					

THE PROVIDER.
 COBOL NAME: SURVEY-DT-1
 ELIGIBILITY CODE 1 74 74 C PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: ELIG-CD
 VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM
 VALUES: 00511 CAHABA
 01390 AETNA (WASHINGTON)
 31142 NATIONAL HERITAGE INSURANCE CO (MAINE)
 31143 NATIONAL HERITAGE INSURANCE CO
 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT)

PARTICIPATION DATE 8 118 125 C PROV1565
 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
 MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
 COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 139 148 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

RECORD TYPE 1 149 149 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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REGION CODE	2	150	151	C	PROV1725
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THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR	1	152	152	C	PROV2045
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INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION	2	153	154	C	PROV3230
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STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	GA	GEORGIA
	GU	GUAM
	HI	HAWAII
	IA	IOWA

ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

WISCONSIN
WEST VIRGINIA
WYOMING

STATE CODE (SSA)	2	155	156	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY

32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
65 GUAM					
66 SAIPAN					

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					

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      COBOL NAME: PHONE-NUM
TERMINATION CODE # 1                2      220    221    C      PROV4770

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TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVL
	04	VOL-OTHER
	05	INVL-FAIL REQ
	06	INVL-AGREEMNT
	07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE	1	8	222	229	C	PROV4500
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THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

COBOL NAME: EXP-DT-1

TYPE OF ACTION	1	230	230	C	PROV2880
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IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

TYPE OF CONTROL	2	231	232	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01 FOR PROFIT - INDIVIDUAL
02 FOR PROFIT - PARTNERSHIP

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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03	FOR PROFIT - CORPORATION
04	NONPROFIT - CHURCH RELATED
05	NONPROFIT - CORPORATION
06	NONPROFIT - OTHER
07	GOVERNMENT - STATE

08	GOVERNMENT - COUNTY
09	GOVERNMENT - CITY
10	GOVERNMENT - CITY/COUNTY
11	GOVERNMENT - HOSPITAL DISTRICT
12	GOVERNMENT - FEDERAL

ZIP CODE	5	233	237	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
BEDS - TOTAL	4	285	288	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE					
IN NON-PARTICIPATING OR NON-LICENSED AREAS.					
COBOL NAME: NUM-BEDS					
BEDS - TOTAL CERTIFIED	4	289	292	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED					
AREAS WITHIN A FACILITY.					
COBOL NAME: NUM-CERT-BEDS					
COMPLIANCE: LIFE SAFETY CODE	1	350	350	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN					
RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES: 1	WAIVER RECOMMENDED				
COMPLIANCE: 24 HR REGISTERED NURSE	1	353	353	C	PROV0290
INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE					
REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.					
COBOL NAME: COMPL-24-HR-RN					
VALUES: 1	WAIVER RECOMMENDED				

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT	4	372	375	C	PROV0485
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	391	405	C	PROV0655
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 2 MEDICAID ONLY	1	442	442	C	PROV1670
REGIONAL OVERRIDE #1 (NUMBER BEDS) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED	1	464	464	C	PROV1545
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS BEEN APPROVED	1	465	465	C	PROV1550
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	502	511	C	PROV1755
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ACT-THER-CONTRACT	7.2	569	575	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES	7.2	576	582	N	PROV0700

PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.
 COBOL NAME: NUM-ACT-THER-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME	7.2	583	589	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	7.2	590	596	N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME	7.2	597	603	N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME	7.2	604	610	N	PROV0720
ADMISSION SUSPENSION DATE THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE SANCTION IS TAKEN AGAINST THE FACILITY. COBOL NAME: ADMIN-SUSP-DT	8	611	618	C	PROV0030
BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS	4	623	626	N	PROV1455
CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT	7.2	631	637	N	PROV1000
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME	7.2	638	644	N	PROV1005
CERT NURSE AIDES - PART TIME	7.2	645	651	N	PROV1010

THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE
AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-NURSE-AID-PART-TIME

COMPLIANCE: BEDS PER ROOM WAIVER 1 653 653 C PROV0225

INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT
HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 654 654 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN
RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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COMPLIANCE: 7 DAY REGISTERED NURSE	1	655	655	C	PROV0295
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INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE
REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT	7.2	656	662	N	PROV0785
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THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER
CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

DENTISTS - FULL TIME	7.2	663	669	N	PROV0790
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THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME	7.2	670	676	N	PROV0795
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THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT	7.2	677	683	N	PROV0805
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THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO
A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

DIETITIANS - FULL TIME	7.2	684	690	N	PROV0810
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THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS
EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME
 DIETITIANS - PART TIME 7.2 691 697 N PROV0815
 THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-DIET-PART-TIME
 EXPERIMENTAL RESEARCH CONDUCTED 1 698 698 C PROV0465
 INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND
 TEST CLINICAL TREATMENTS.
 COBOL NAME: EXPER-RESEARCH
 VALUES: Y YES

FOOD SERVICE - CONTRACT 7.2 699 705 N PROV0860
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-FOOD-SRV-CONTRACT
 FOOD SERVICE - FULL TIME 7.2 706 712 N PROV0865
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-FOOD-SRV-FULL-TIME
 FOOD SERVICE - PART TIME 7.2 713 719 N PROV0870
 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE
 PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-FOOD-SRV-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOUSEKEEPING - CONTRACT	7.2	720	726	N	PROV0925
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT					
HOUSEKEEPING - FULL TIME	7.2	727	733	N	PROV0930
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME					
HOUSEKEEPING - PART TIME	7.2	734	740	N	PROV0935
THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME					
LPN/LVN - CONTRACT	7.2	741	747	N	PROV1465
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT					

LPN/LVN - FULL TIME	7.2	748	754	N	PROV1470
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-VOC-NURSE-FULL-TIME					
LPN/LVN - PART TIME	7.2	755	761	N	PROV1475
THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-VOC-NURSE-PART-TIME					
LTC CROSS REFERENCE PROVIDER #	6	762	767	C	PROV0640
THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.					
COBOL NAME: LTC-CROSS-REF-PROV-NUM					
MEDICAL DIRECTOR - CONTRACT	7.2	768	774	N	PROV0960
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-MED-CONTRACT					
MEDICAL DIRECTOR - FULL TIME	7.2	775	781	N	PROV0965
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-FULL-TIME					
MEDICAL DIRECTOR - PART TIME	7.2	782	788	N	PROV0970
THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-MED-PART-TIME					
MEDICATION AIDES/TECHS-CONTRACT	7.2	789	795	N	PROV5180
THE NUMBER OF FULL-TIMR EQUIVALENT MEDICATION AIDES/ TECHNICIANS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-MED-AID-CONTRACT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICATION AIDES/TECHS-FULL TIME	7.2	796	802	N	PROV5170
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME					
MEDICATION AIDES/TECHS-PART TIME	7.2	803	809	N	PROV5175
THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/					

TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-MED-AID-PART-TIME

MENTAL HEALTH SERVICES - CONTRACT	7.2	810	816	N	PROV0980
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THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-MEN-HLTH-CONTRACT

MENTAL HEALTH SERVICES - FULL TIME	7.2	817	823	N	PROV0985
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THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-MEN-HLTH-FULL-TIME

MENTAL HEALTH SERVICES - PART TIME	7.2	824	830	N	PROV0990
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THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-MEN-HLTH-PART-TIME

MULTI-FACILITY ORGANIZATION NAME	38	831	868	C	PROV0680
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THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.

COBOL NAME: NAME-MULT-FACIL-ORG

MULTI-FACILITY ORGANIZATION OWNED	1	869	869	C	PROV0675
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INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.

COBOL NAME: MULT-FACIL-ORG

VALUES: Y YES

NURSE AIDES IN TRNG - CONTRACT	7.2	870	876	N	PROV5165
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NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-AID-TRNG-CONTRACT

NURSE AIDES IN TRNG-FULL TIME	7.2	877	883	N	PROV5155
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THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-AID-TRNG-FULL-TIME

NURSE AIDES IN TRNG-PART TIME	7.2	884	890	N	PROV5160
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THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-AID-TRNG-PART-TIME

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NURSES WITH ADMIN DUTIES-CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-ADM-CONTRACT	7.2	891	897	N	PROV5150
NURSES WITH ADMIN DUTIES-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-ADM-FULL-TIME	7.2	898	904	N	PROV5135
NURSES WITH ADMIN DUTIES-PART TIME NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-ADM-PART-TIME	7.2	905	911	N	PROV5145
OCCUP THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-AID-CONTRACT	7.2	912	918	N	PROV1020
OCCUP THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-AID-FULL-TIME	7.2	919	925	N	PROV1025
OCCUP THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-AID-PART-TIME	7.2	926	932	N	PROV1030
OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-OCC-ASST-CONTRACT	7.2	933	939	N	PROV5195
OCCUP THERAPY ASST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OCC-ASST-FULL-TIME	7.2	940	946	N	PROV5185
OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-ASST-PART-TIME	7.2	947	953	N	PROV5190
OCCUPATIONAL THERAPIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-THER-CONTRACT	7.2	954	960	N	PROV1035
OCCUPATIONAL THERAPIST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.	7.2	961	967	N	PROV1040

COBOL NAME: NUM-OCC-THER-FULL-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OCCUPATIONAL THERAPIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OCC-THER-PART-TIME	7.2	968	974	N	PROV1045
ORGANIZED FAMILY GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES	1	975	975	C	PROV1535
ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES	1	976	976	C	PROV1540
OTHER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT	7.2	977	983	N	PROV3265
OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-OTH-FULL-TIME	7.2	984	990	N	PROV3245
OTHER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS. COBOL NAME: NUM-OTH-PART-TIME	7.2	991	997	N	PROV3255
OTHER ACTIVITIES STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-CONTRACT	7.2	998	1004	N	PROV5270
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2	1005	1011	N	PROV5260

OTHER ACTIVITIES STAFF-PART TIME	7.2	1012	1018	N	PROV5305
NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF.					
COBOL NAME: NUM-OTH-ACT-PART-TIME					
OTHER PHYSICIAN - CONTRACT	7.2	1019	1025	N	PROV1060
THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY					
COBOL NAME: NUM-OTH-PHY-CONTRACT					
OTHER PHYSICIAN - FULL TIME	7.2	1026	1032	N	PROV1065
THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-OTH-PHY-FULL-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER PHYSICIAN - PART TIME	7.2	1033	1039	N	PROV1070
THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-OTH-PHY-PART-TIME					
OTHR SOCIAL SERV STAFF-CONTRACT	7.2	1040	1046	N	PROV5300
NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.					
COBOL NAME: NUM-OTH-SOC-CONTRACT					
OTHR SOCIAL SERV STAFF-FULL TIME	7.2	1047	1053	N	PROV5290
NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.					
COBOL NAME: NUM-OTH-SOC-FULL-TIME					
OTHR SOCIAL SERV STAFF-PART TIME	7.2	1054	1060	N	PROV5295
NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.					
COBOL NAME: NUM-OTH-SOC-PART-TIME					
PHARMACISTS - CONTRACT	7.2	1061	1067	N	PROV1085
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-PHAR-CONTRACT					
PHARMACISTS - FULL TIME	7.2	1068	1074	N	PROV1090
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-PHAR-FULL-TIME					
PHARMACISTS - PART TIME	7.2	1075	1081	N	PROV1095
THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					

COBOL NAME: NUM-PHAR-PART-TIME
 PHYS THER ASST - CONTRACT 7.2 1082 1088 N PROV5210
 NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY AS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-CONTRACT
 PHYS THER ASST - FULL TIME 7.2 1089 1095 N PROV5200
 NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-FULL-TIME
 PHYS THER ASST - PART TIME 7.2 1096 1102 N PROV5205
 NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS
 SISTANTS.
 COBOL NAME: NUM-THER-ASST-PART-TIME
 PHYSICAL THERAPISTS - CONTRACT 7.2 1103 1109 N PROV1430
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-THER-CONTRACT
 PHYSICAL THERAPISTS - FULL TIME 7.2 1110 1116 N PROV1435
 THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-THER-FULL-TIME

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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICAL THERAPISTS - PART TIME	7.2	1117	1123	N	PROV1440
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-THER-PART-TIME					
PHYSICAL THERAPY AIDE - CONTRACT	7.2	1124	1130	N	PROV1415
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-THER-AID-CONTRACT					
PHYSICAL THERAPY AIDE - FULL TIME	7.2	1131	1137	N	PROV1420
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-THER-AID-FULL-TIME					
PHYSICAL THERAPY AIDE - PART TIME	7.2	1138	1144	N	PROV1425
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.					
COBOL NAME: NUM-THER-AID-PART-TIME					
PHYSICIAN EXTENDER - CONTRACT	7.2	1145	1151	N	PROV3270
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS					

UNDER CONTRACT TO THE FACILITY.
 COBOL NAME: NUM-PHYS-EXT-CONTRACT
 PHYSICIAN EXTENDER - FULL TIME 7.2 1152 1158 N PROV3250
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-FULL-TIME
 PHYSICIAN EXTENDER - PART TIME 7.2 1159 1165 N PROV3260
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS
 EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
 COBOL NAME: NUM-PHYS-EXT-PART-TIME
 PODIATRISTS - CONTRACT 7.2 1166 1172 N PROV1130
 THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER
 CONTRACT TO A FACILITY.
 COBOL NAME: NUM-POD-CONTRACT
 PODIATRISTS - FULL TIME 7.2 1173 1179 N PROV1135
 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED
 BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-POD-FULL-TIME
 PODIATRISTS - PART TIME 7.2 1180 1186 N PROV1140
 THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED
 BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-POD-PART-TIME
 PRIOR ADMISSION SUSPENSION DATE 8 1187 1194 C PROV1610
 PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED
 FOR A PROVIDER.
 COBOL NAME: PRIOR-ADMIN-SUSP-DT
 PRIOR RESCIND SUSPENSION DATE 8 1195 1202 C PROV1640
 THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF
 ADMISSIONS TO A LTC FACILITY.
 COBOL NAME: PRIOR-RESC-SUSP-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED. COBOL NAME: PROV-BASED-FACILITY VALUES: Y HOSPITAL BASED	1	1203	1203	C	PROV1675
REGISTERED NURSE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY.	7.2	1204	1210	N	PROV1150

COBOL NAME: NUM-REG-NURSE-CONTRACT
 REGISTERED NURSE - FULL TIME 7.2 1211 1217 N PROV1155
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-REG-NURSE-FULL-TIME
 REGISTERED NURSE - PART TIME 7.2 1218 1224 N PROV1160
 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-REG-NURSE-PART-TIME
 RESCIND SUSPENSION DATE 8 1225 1232 C PROV1825
 DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS
 TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.
 COBOL NAME: RESC-SUSP-DT
 RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239 N PROV5130
 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI
 NG UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-RN-DON-CONTRACT
 RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
 NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-RN-DON-FULL-TIME
 RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140
 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF
 NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-RN-DON-PART-TIME
 SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 UNDER CONTRACT TO A FACILITY.
 COBOL NAME: NUM-SOCIAL-CONTRACT
 SOCIAL WORKER - FULL TIME 7.2 1261 1267 N PROV1175
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
 COBOL NAME: NUM-SOCIAL-FULL-TIME
 SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180
 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS
 EMPLOYED BY A FACILITY ON A PART TIME BASIS.
 COBOL NAME: NUM-SOCIAL-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
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SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SPECIAL CARE BEDS-AIDS	3	1275	1277	N	PROV0725
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.					
COBOL NAME: NUM-AIDS-BEDS					
SPECIAL CARE BEDS-ALZHEIMERS	3	1278	1280	N	PROV0730
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.					
COBOL NAME: NUM-ALZHEIMERS-BEDS					
SPECIAL CARE BEDS-DIALYSIS	3	1281	1283	N	PROV0800
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.					
COBOL NAME: NUM-DIAL-BEDS					
SPECIAL CARE BEDS-DISABLED CHILD	3	1284	1286	N	PROV0855
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DEISCABLED CHILDREN.					
COBOL NAME: NUM-DIS-CHILD-BEDS					
SPECIAL CARE BEDS-HEAD TRAUMA	3	1287	1289	N	PROV0905
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.					
COBOL NAME: NUM-HEAD-TRAUMA-BEDS					
SPECIAL CARE BEDS-HOSPICE	3	1290	1292	N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.					
COBOL NAME: NUM-HOSPICE-BEDS					
SPECIAL CARE BEDS-HUNTINGTONS	3	1293	1295	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE					
COBOL NAME: NUM-HUNTING-DIS-BEDS					
SPECIAL CARE BEDS-SPEC REHAB	3	1296	1298	N	PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS.					
COBOL NAME: NUM-SPEC-REHAB-BEDS					
SPECIAL CARE BEDS-VENTILATOR	3	1299	1301	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESIPIRATORY CARE NEEDS.					
COBOL NAME: NUM-VENT-RESP-BEDS					
SPEECH PATHOLOGIST - CONTRACT	7.2	1302	1308	N	PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-SPCH-PATH-CONTRACT					
SPEECH PATHOLOGIST - FULL TIME	7.2	1309	1315	N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.					
COBOL NAME: NUM-SPCH-PATH-FULL-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 19
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEECH PATHOLOGIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SPCH-PATH-PART-TIME	7.2	1316	1322	N	PROV1200
SRV: ACTIVITIES-OFFSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1323	1323	C	PROV3390
SRV: ACTIVITIES-ONSITE-NON RES INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ACT-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1324	1324	C	PROV3385
SRV: ACTIVITIES-ONSITE-RESIDENTS INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-ACT-THER-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1325	1325	C	PROV3380
SRV: BLOOD ADMIN-OFFSITE-RESIDENTS INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-ADM-BLOOD-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1326	1326	C	PROV3525
SRV: BLOOD ADMIN-ONSITE-NONRES INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-ADM-BLOOD-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1327	1327	C	PROV3520

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1328 1328 C PROV3515
 INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD
 SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
 COBOL NAME: SP-ADM-BLOOD-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 20
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: CLINICAL LAB-OFFSITE-RESIDENT INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1329	1329	C	PROV3495
SRV: CLINICAL LAB-ONSITE-NON RES INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1330	1330	C	PROV3490
SRV: CLINICAL LAB-ONSITE-RESIDENTS INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1331	1331	C	PROV3485
SRV: DENTAL-OFFSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1332	1332	C	PROV3435
SRV: DENTAL-ONSITE-NON RESIDENTS	1	1333	1333	C	PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
 NON RESIDENTS.
 COBOL NAME: SP-DENTAL-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1334 1334 C PROV3425
 INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-DENTAL-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1335 1335 C PROV3345
 INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO
 RESIDENTS.
 COBOL NAME: SP-DIETARY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 21
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: DIETARY-ONSITE-NON RESIDENTS	1	1336	1336	C	PROV3340
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-DIETARY-ON-NON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: DIETARY-ONSITE-RESIDENTS	1	1337	1337	C	PROV3335
INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-DIETARY-ON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: HOUSEKEEPING ONSITE-NON RES	1	1338	1338	C	PROV3535
INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.					
COBOL NAME: SP-HOUSE-KP-ON-NON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			

SRV: HOUSEKEEPING-OFFSITE-RES 1 1339 1339 C PROV3540
 INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE
 TO RESIDENTS.
 COBOL NAME: SP-HOUSE-KP-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1340 1340 C PROV3530
 INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE
 TO RESIDENTS.
 COBOL NAME: SP-HOUSE-KP-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1341 1341 C PROV3465
 INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-MEN-HLTH-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1342 1342 C PROV3460
 INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE
 TO NON RESIDENTS.
 COBOL NAME: SP-MEN-HLTH-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 22
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: MENTAL HEALTH-ONSITE-RESID	1	1343	1343	C	PROV3455
INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-MEN-HLTH-ON-RES					
VALUES: N		SERVICE IS NOT PROVIDED			
Y		SERVICE IS PROVIDED			
SRV: NURSING-OFFSITE-RESIDENTS	1	1344	1344	C	PROV3315
INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.					
COBOL NAME: SP-NURSING-OFF-RES					

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1345 1345 C PROV3310
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-NURSING-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1346 1346 C PROV3305
INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-NURSING-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1347 1347 C PROV3360
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
OFFSITE TO RESIDENTS.
COBOL NAME: SP-OCC-THER-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1348 1348 C PROV3355
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1349 1349 C PROV3350
INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-OCC-THER-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: OTH ACTIVITIES-OFFSITE TO RES	1	1350	1350	C	PROV5255
FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY					

STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1351 1351 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1352 1352 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY
STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1353 1353 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S
ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1354 1354 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE
TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1355 1355 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE
S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1356 1356 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHARMACY-ONSITE-NON RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHARMACY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1357	1357	C	PROV3325
SRV: PHARMACY-ONSITE-RESIDENTS INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1358	1358	C	PROV3320
SRV: PHYS EXTENDER-OFFSITE-RESID INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1359	1359	C	PROV3300
SRV: PHYS EXTENDER-ONSITE-NON RES INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1360	1360	C	PROV3295
SRV: PHYS EXTENDER-ONSITE-RESIDENT INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1361	1361	C	PROV3290
SRV: PHYS THER-OFFSITE-RESIDENTS INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED	1	1362	1362	C	PROV3375

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1363 1363 C PROV3370
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
ONSITE TO NON RESIDENTS.
COBOL NAME: SP-PHYS-THER-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYS THER-ONSITE-RESIDENTS 1 1364 1364 C PROV3365
INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED
ONSITE TO RESIDENTS.
COBOL NAME: SP-PHYS-THER-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1365 1365 C PROV3285
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.
COBOL NAME: SP-PHYS-OFF-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1366 1366 C PROV3280
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.
COBOL NAME: SP-PHYS-ON-NON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1367 1367 C PROV3275
INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.
COBOL NAME: SP-PHYS-ON-RES
VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1368 1368 C PROV3450
INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO
RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1369 1369 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1370 1370 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO
RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 26
NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: SOCIAL WORK-OFFSITE-RESIDENTS	1	1371	1371	C	PROV3405
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INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID	1	1372	1372	C	PROV3400
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INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS	1	1373	1373	C	PROV3395
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INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE
TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN	1	1374	1374	C	PROV3420
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INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
 PROVIDED OFFSITE TO RESIDENTS.
 COBOL NAME: SP-SPEECH-PH-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1375 1375 C PROV3415
 INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
 PROVIDED ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-SPEECH-PH-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1376 1376 C PROV3410
 INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE
 PROVIDED ONSITE TO RESIDENTS.
 COBOL NAME: SP-SPEECH-PH-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1377 1377 C PROV5225
 INDICATES IF THERAPEUTIC RECREATION SPECIALIST
 SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
 COBOL NAME: SP-THER-REC-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: THER REC SPEC-ONSITE-NONRES INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS. COBOL NAME: SP-THER-REC-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1378	1378	C	PROV5220
SRV: THER REC SPEC-ONSITE-RESIDENT INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-THER-REC-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED	1	1379	1379	C	PROV5215

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1380 1380 C PROV3480
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE
 TO RESIDENTS.
 COBOL NAME: SP-VOC-GUID-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1381 1381 C PROV3475
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE
 TO NON RESIDENTS.
 COBOL NAME: SP-VOC-GUID-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1382 1382 C PROV3470
 INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO
 RESIDENTS.
 COBOL NAME: SP-VOC-GUID-ON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1383 1383 C PROV3510
 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
 OFFSITE TO RESIDENTS.
 COBOL NAME: SP-DIAG-XRAY-OFF-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1384 1384 C PROV3505
 INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED
 ONSITE TO NON RESIDENTS.
 COBOL NAME: SP-DIAG-XRAY-ON-NON-RES
 VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 28
 NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: XRAY-ONSITE-RESIDENTS	1	1385	1385	C	PROV3500
INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.					
COBOL NAME: SP-DIAG-XRAY-ON-RES					

VALUES: N SERVICE IS NOT PROVIDED
 Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT	7.2	1386	1392	N	PROV5240
NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.					
COBOL NAME: NUM-THER-REC-CONTRACT					
THER REC SPEC - FULL TIME	7.2	1393	1399	N	PROV5230
NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.					
COBOL NAME: NUM-THER-REC-FULL-TIME					
THER REC SPEC - PART TIME	7.2	1400	1406	N	PROV5235
NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.					
COBOL NAME: NUM-THER-REC-PART-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 1

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 02 TITLE 19 ONLY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 11 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY	3	45	47	C	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.	10	48	57	C	PROV0300

COBOL NAME: CROSS-REF-PROV-NUM
 CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME	38	75	112	C	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00511 CAHABA 01390 AETNA (WASHINGTON) 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT)	5	113	117	C	PROV0605
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT	8	118	125	C	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT	8	126	133	C	PROV1615

PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM
 PROVIDER NUMBER 10 139 148 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM
 RECORD TYPE 1 149 149 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 REGION CODE 2 150 151 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230
 STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	GA	GEORGIA
	GU	GUAM
	HI	HAWAII
	IA	IOWA
	ID	IDAHO
	IL	ILLINOIS
	IN	INDIANA
	KS	KANSAS
	KY	KENTUCKY
	LA	LOUISIANA
	MA	MASSACHUSETTS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO

NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
09					DISTRICT OF COLUMBIA
10					FLORIDA
11					GEORGIA
12					HAWAII
13					IDAHO
14					ILLINOIS

15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
65					GUAM
66					SAIPAN
STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE
	03				VOL-RISK INVOL
	04				VOL-OTHER
	05				INVOL-FAIL REQ
	06				INVOL-AGREEMNT
	07				OTH-STATUS CHG
TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	230	230	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION					
VALUES:	1				INITIAL
	2				RECERTIFICATION
	3				TERMINATION
	4				CHANGE OF OWNERSHIP
TYPE OF CONTROL	2	231	232	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES					

A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01
02

PRIVATE NON PROFIT

PRIVATE PROPRIETARY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 7

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
03					STATE
04					CITY/TOWN
05					COUNTY
06					CITY/COUNTY
07					OTHER
ZIP CODE	5	233	237	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
BEDS - TOTAL	4	285	288	N	PROV0740
TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE					
IN NON-PARTICIPATING OR NON-LICENSED AREAS.					
COBOL NAME: NUM-BEDS					
BEDS - TOTAL CERTIFIED	4	289	292	N	PROV0755
NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED					
AREAS WITHIN A FACILITY.					
COBOL NAME: NUM-CERT-BEDS					
COMPLIANCE: LIFE SAFETY CODE	1	350	350	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN					
RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES: 1					WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 372 375 C PROV0485
 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL
 YEAR.
 COBOL NAME: FISC-YR-END-DT
 LICENSED PRACT/VOCAT NURSES 7.2 383 389 N PROV0955
 NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR
 VOCATIONAL NURSES EMPLOYED BY A FACILITY.
 COBOL NAME: NUM-LPN-LVN
 MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655
 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE
 STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING
 PURPOSES.
 COBOL NAME: MEDICAID-VEND-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 2 MEDICAID ONLY	1	442	442	C	PROV1670
REGIONAL OVERRIDE #1 (NUMBER BEDS) THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED	1	464	464	C	PROV1545
REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS	7.2	467	473	N	PROV1145
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	502	511	C	PROV1755
ADMISSION SUSPENSION DATE THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG	8	611	618	C	PROV0030

TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE
SANCTION IS TAKEN AGAINST THE FACILITY.

COBOL NAME: ADMIN-SUSP-DT

COMPLIANCE: BEDS PER ROOM WAIVER 1 653 653 C PROV0225

INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT
HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 654 654 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN
RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

LTC CROSS REFERENCE PROVIDER # 6 762 767 C PROV0640

THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER
NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY
CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA
LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.
COBOL NAME: LTC-CROSS-REF-PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PRIOR ADMISSION SUSPENSION DATE	8	1187	1194	C	PROV1610
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PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED
FOR A PROVIDER.

COBOL NAME: PRIOR-ADMIN-SUSP-DT

PRIOR RESCIND SUSPENSION DATE	8	1195	1202	C	PROV1640
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THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF
ADMISSIONS TO A LTC FACILITY.

COBOL NAME: PRIOR-RESC-SUSP-DT

PROVIDER BASED FACILITY	1	1203	1203	C	PROV1675
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INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER
BASED.

COBOL NAME: PROV-BASED-FACILITY

VALUES: Y DISTINCT PART OF A HOSPITAL, SNF OR ICF

RESCIND SUSPENSION DATE	8	1225	1232	C	PROV1825
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DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS
TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.

COBOL NAME: RESC-SUSP-DT
 BEDS - ICF/MR 4 1526 1529 N PROV0945
 NUMBER OF CERTIFIED BEDS IN AN INTERMEDIATE CARE
 FACILITY FOR THE MENTALLY RETARDED.
 COBOL NAME: NUM-ICF-MR-BEDS
 DIRECT CARE PERSONNEL 7.2 1530 1536 N PROV0780
 NUMBER OF FULL-TIME EQUIVALENT DIRECT CARE PERSONNEL
 EMPLOYED BY AN INTERMEDIATE CARE FACILITY FOR THE
 MENTALLY RETARDED.
 COBOL NAME: NUM-DCARE-PERSNL
 LTC AGREEMENT BEGINNING DATE 8 1537 1544 C PROV0620
 THE BEGINNING DATE OF A CERTIFIED LONG TERM CARE FACILI
 TY'S TIME LIMITED AGREEMENT.
 COBOL NAME: LTC-AGREE-BEGIN-DT
 LTC AGREEMENT ENDING DATE 8 1545 1552 C PROV0625
 THE ENDING DATE OF A CERTIFIED LONG TERM CARE
 FACILITY'S TIME LIMITED AGREEMENT.
 COBOL NAME: LTC-AGREE-END-DT
 LTC AGREEMENT EXTENSION DATE 8 1553 1560 C PROV0630
 THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM
 CARE FACILITY'S TIME LIMITED AGREEMENT.
 COBOL NAME: LTC-AGREE-EXT-DT
 PRIOR LTC END DATE 8 1561 1568 C PROV1630
 THE LAST DATE OF A CERTIFIED LONG TERM CARE
 FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR SURVEY.
 COBOL NAME: PRIOR-LTC-END-DT
 PRIOR LTC EXTENSION DATE 8 1569 1576 C PROV1635
 THE LAST DATE OF AN EXTENSION OF A CERTIFIED LONG TERM
 CARE FACILITY'S TIME LIMITED AGREEMENT FOR A PRIOR
 SURVEY.
 COBOL NAME: PRIOR-LTC-EXT-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TOTAL # OF EMPLOYEES	9.2	1577	1585	N	PROV2850
THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY. THIS FIELD IS ALSO USED FOR OLD HOSPITAL RECORDS. COBOL NAME: TOT-EMPLOYEES					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01	RURAL HEALTH CLINICS				
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.					
COBOL NAME: CATEGORY					
VALUES: 12	RURAL HEALTH CLINICS				
CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES:	1	ELIGIBLE TO PARTICIPATE			
	2	NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	38	75	112	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	113	117	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	00040	BLUE CROSS (CALIFORNIA)			
	00060	BLUE CROSS (CONNECTICUT)			
	00070	BLUE CROSS (DELAWARE)			
	00090	BLUE CROSS (FLORIDA)			
	00101	BLUE CROSS (GEORGIA)			
	00121	HEALTH CARE SERVICE CORPORATION			
	00122	HCSC - MICHIGAN			
	00123	HCSC OF MICHIGAN			
	00130	BLUE CROSS (INDIANA)			
	00131	ADMINISTAR FEDERAL (CHICAGO)			
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)			
	00150	BLUE CROSS (KANSAS)			
	00160	BLUE CROSS (KENTUCKY)			
	00180	BLUE CROSS (MAINE)			

00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVERNMENT SERVICE - MI				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00511	CAHABA				
00952	WISCONSIN PHYSICIAN SERVICES - IL				
00953	WISCONSIN PHYSICIAN SERVICES - MI				
01390	AETNA (WASHINGTON)				
17120	HAWAII MEDICAL SERVICE ASSOCIATION				
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143	NATIONAL HERITAGE INSURANCE CO				

31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	134	138	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	139	148	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	149	149	C	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.	2	150	151	C	PROV1725

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO

IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
WI					WISCONSIN

WV WEST VIRGINIA
WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE
	31	NEW JERSEY
	32	NEW MEXICO
	33	NEW YORK
	34	NORTH CAROLINA
	35	NORTH DAKOTA
	36	OHIO
	37	OKLAHOMA
	38	OREGON
	39	PENNSYLVANIA
	40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN
STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00				ACTIVE
	01				VOL-MERG,CLOSE
	02				VOL-REIMBURSE

03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1	8	222	229	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	230	230	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 03 STATE GOVERNMENT 04 LOCAL GOVERNMENT 05 FEDERAL GOVERNMENT 1A FOR PROFIT INDIVIDUAL 1B FOR PROFIT CORPORATION 1C FOR PROFIT PARTNERSHIP 2A NON PROFIT INDIVIDUAL 2B NON PROFIT CORPORATION 2C NON PROFIT PARTNERSHIP	2	231	232	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	233	237	C	PROV2905

FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE					
STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING					
PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
OTHER PERSONNEL	7.2	414	420	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED					
PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					
PHYSICIAN ASSISTANTS	7.2	429	435	N	PROV1115
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS					
EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC.					
COBOL NAME: NUM-PHYS-ASSIST					
FEDERAL PROGRAM SUPPORT	1	1586	1586	C	PROV0480
INDICATES IF A CLINIC IS RECEIVING SUPPORT FROM A					
FEDERAL PROGRAM TO PROVIDE HEALTH SERVICES IN A					
MEDICALLY UNDERSERVED AREA OR IN AN AREA WITH A					
SHORTAGE OF PRIMARY CARE HEALTH MANPOWER.					
COBOL NAME: FED-PROG-SUPPORT					
VALUES:	N			NO	
	Y			YES	
NURSE PRACTITIONERS	7.2	1587	1593	N	PROV1015
NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS IN					
A RURAL HEALTH CLINIC.					
COBOL NAME: NUM-NURSE-PRACT					

PARENT PROVIDER NUMBER 10 1594 1603 C PROV1560
 THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A
 RURAL HEALTH CLINIC IS PART OF AN EXISTING MEDICARE
 PROVIDER.
 COBOL NAME: PARENT-PROV-NUM

PHYSICIANS 7.2 1604 1610 N PROV1110
 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED
 BY A PROVIDER.
 COBOL NAME: NUM-PHYS

TITLE OF FEDERAL PROGRAM 26 1611 1636 C PROV2845
 THE NAME OF A FEDERAL PROGRAM WHICH PROVIDES SUPPORT TO
 A RURAL HEALTH CLINIC TO PROVIDE SERVICES IN A
 MEDICALLY UNDERSERVED AREA OR AN AREA WITH A SHORTAGE
 OF PRIMARY CARE HEALTH MANPOWER.
 COBOL NAME: TITL-FED-PROGR

VALUES: COMM HLTH PRG (330)COMMUNITY HEALTH PROGRAM (330)
 INDIAN HEALTH SERV INDIAN HEALTH SERVICE
 MIGRT HLTH PRG (329)MIGRANT HEALTH PROGRAM (329)
 NATNL HEALTH SRV DELNATIONAL HEALTH SERVICE DELIVERY PROGRAM
 RURAL OUTREACH DEMORURAL OUTREACH DEMO GRANT PROGRAM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 13 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE	2	3	4	C	PROV0075

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS					
TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM					
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION					
OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE					
WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY					
IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,					
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR					

THE PROVIDER.
 COBOL NAME: SURVEY-DT-1
 ELIGIBILITY CODE 1 74 74 C PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: ELIG-CD
 VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM
 VALUES: 00122 HCSC - MICHIGAN
 00510 BLUE SHIELD (ALABAMA)
 00511 CAHABA
 00520 BLUE SHIELD (ARKANSAS)
 00528 BLUE SHIELD (ARKANSAS/LOUISIANA)
 00542 BLUE SHIELD (CALIFORNIA)
 00550 BLUE SHIELD (COLORADO)
 00570 BLUE SHIELD (DELAWARE)
 00580 BLUE SHIELD (DISTRICT OF COLUMBIA)
 00590 BLUE SHIELD (FLORIDA)
 00621 BLUE SHIELD (ILLINOIS)
 00630 BLUE SHIELD (INDIANA)
 00640 BLUE SHIELD (IOWA)
 00650 BLUE SHIELD (KANSAS)
 00655 BLUE SHIELD (KANSAS/NEBRASKA)
 00660 BLUE SHIELD (KENTUCKY)
 00690 BLUE SHIELD (MARYLAND)
 00700 BLUE SHIELD (MASSACHUSETTS)
 00710 BLUE SHIELD (MICHIGAN)
 00720 BLUE SHIELD (MINNESOTA)
 00740 BLUE SHIELD (KANSAS CITY)
 00751 BLUE SHIELD (MONTANA)
 00770 BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
 00780 BLUE SHIELD (TRI-STATE)
 00801 BLUE SHIELD (BUFFALO)
 00803 BLUE SHIELD (EMPIRE)
 00805 BLUE SHIELD OF NEW YORK
 00820 BLUE SHIELD (NORTH DAKOTA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
00910					BLUE SHIELD (UTAH)
00930					BLUE SHIELD (WASHINGTON)
00951					WISCONSIN PHYSICIANS SERVICE
00973					BLUE SHIELD (PUERTO RICO)
00974					BLUE SHIELD (VIRGIN ISLANDS)
01010					AETNA (PEORIA)
01020					AETNA (ALASKA)
01030					AETNA (ARIZONA)
01040					AETNA (GEORGIA)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)
10492					TRAVELERS - VIRGINIA SPECIAL PROJECT
11260					GENERAL AMERICAN
14330					GROUP HEALTH INC (NEW YORK)
16360					NATIONWIDE (OHIO)
16510					NATIONWIDE (WEST VIRGINIA)
21200					MASSACHUSETTS/MAINE
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31145					NATIONAL HERITAGE INSURANCE CO (VERMONT)

PARTICIPATION DATE 8 118 125 C PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
MEDICARE AND/OR MEDICAID SERVICES.
COBOL NAME: PARTCI-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					

PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					

PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-					
SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER					
IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,					
A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					

RECORD TYPE	1	149	149	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			

REGION CODE	2	150	151	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE					
STATE IN WHICH THE PROVIDER IS LOCATED.					
COBOL NAME: REGION					

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO

10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.
COBOL NAME: SKELETON-IND
VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230
STATE ABBREVIATION
COBOL NAME: STATE-ABBREV
VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
AZ					ARIZONA
CA					CALIFORNIA
CN					CANADA
CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA

MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.
COBOL NAME: SSA-STATE
VALUES: 01 ALABAMA
02 ALASKA
03 ARIZONA

04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA

43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			

PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1	8	222	229	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION 3 TERMINATION 4 CHANGE OF OWNERSHIP	1	230	230	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	2	231	232	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	233	237	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	240	242	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	243	245	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	246	246	C	SSAMSASZ
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	391	405	C	PROV0655

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 COMPREHENSIVE OUTPATIENT	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 14 COMPREHENSIVE OUTPATIENT REHAB FACILITIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE	1	44	44	C	PROV2715

B NOT IN COMPLIANCE

COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES:	1	ELIGIBLE TO PARTICIPATE			
	2	NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	38	75	112	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	113	117	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	00040	BLUE CROSS (CALIFORNIA)			
	00060	BLUE CROSS (CONNECTICUT)			

00070	BLUE CROSS (DELAWARE)
00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290	BLUE CROSS (NEW MEXICO)				
00308	BLUE CROSS (EMPIRE)				
00310	BLUE CROSS (NORTH CAROLINA)				
00320	BLUE CROSS (NORTH DAKOTA)				
00332	COMMUNITY MUTUAL INSURANCE CO				
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				

00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,					

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 149 149 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED
P PENDING
W WORK

REGION CODE 2 150 151 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON
02 II NEW YORK
03 III PHILADELPHIA
04 IV ATLANTA
05 V CHICAGO
06 VI DALLAS
07 VII KANSAS CITY
08 VIII DENVER
09 IX SAN FRANCISCO
10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS
AS AMERICAN SAMOA
AZ ARIZONA
CA CALIFORNIA
CN CANADA

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA
NY					NEW YORK
OH					OHIO
OK					OKLAHOMA
OR					OREGON
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA

VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA)	2	155	156	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					

TELEPHONE NUMBER 10 210 219 C PROV1605
 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR
 THE OPERATOR OF A PROVIDER.
 COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 220 221 C PROV4770
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.
 COBOL NAME: TERM-CD-1

VALUES: 00 ACTIVE
 01 VOL-MERG,CLOSE
 02 VOL-REIMBURSE
 03 VOL-RISK INVOL
 04 VOL-OTHER
 05 INVOL-FAIL REQ
 06 INVOL-AGREEMNT
 07 OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	230	230	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION					
VALUES: 1	INITIAL				
2	RECERTIFICATION				
3	TERMINATION				
4	CHANGE OF OWNERSHIP				
TYPE OF CONTROL	2	231	232	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL					
VALUES: 01	PROPRIETARY				

02	NON PROFIT CHURCH
03	NON PROFIT OTHER
04	GOVERNMENT

ZIP CODE	5	233	237	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
FISCAL YEAR ENDING DATE	4	372	375	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RELATED PROVIDER NUMBER	10	502	511	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
SRV: OCCUPATIONAL THERAPY	1	544	544	C	PROV2270
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.					

COBOL NAME: SP-OCCUP-THERAPY

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PHYSICAL THERAPY 1 554 554 C PROV2370

INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICAL-THERAPY

VALUES:	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL 1 562 562 C PROV2485

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY 1 563 563 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

PARTICIPATION MEDICARE OPT/SP 1 1637 1637 C PROV1570

INDICATES IF A COMPREHENSIVE OUTPATIENT REHABILITATION
FACILITY ALSO PARTICIPATES IN MEDICARE AS A PROVIDER OF
OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY.

COBOL NAME: PARTIC-OPT-SP

VALUES:	N	NO
	Y	YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SRV: OCCUPATIONAL THERAPY #2	1	1638	1638	C	PROV2275
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.					

COBOL NAME: SP-OCCUP-THERAPY-2

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: OCCUPATIONAL THERAPY #3 1 1639 1639 C PROV2280
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE
PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY-3

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: ORTHOTIC/PROSTHETIC 1 1640 1640 C PROV2325
INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED
BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

COBOL NAME: SP-ORTHOTIC-PROSTHET

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: ORTHOTIC/PROSTHETIC #2 1 1641 1641 C PROV2330
INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED
BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

COBOL NAME: SP-ORTHOTIC-PROSTHET-2

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

SRV: ORTHOTIC/PROSTHETIC #3 1 1642 1642 C PROV2335
INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED
BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

COBOL NAME: SP-ORTHOTIC-PROSTHET-3

VALUES:	0	NOT PROVIDED
	1	PROVIDED BY EMPLOYEES
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY INDEPENDENT CONTRACTOR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SRV: PHYSICAL THERAPY #2	1	1643	1643	C	PROV2375
INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICAL-THERAPY-2					
VALUES: 1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR
SRV: PHYSICAL THERAPY #3	1	1644	1644	C	PROV2380
INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICAL-THERAPY-3					
VALUES: 1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR
SRV: PHYSICIAN	1	1645	1645	C	PROV2385
INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICIAN					
VALUES: 1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR
SRV: PHYSICIAN #2	1	1646	1646	C	PROV2390
INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICIAN-2					
VALUES: 1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR
SRV: PHYSICIAN #3	1	1647	1647	C	PROV2395
INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICIAN-3					
VALUES: 1					PROVIDED BY EMPLOYEES
2					PROVIDED UNDER ARRANGEMENT
3					PROVIDED BY INDEPENDENT CONTRACTOR
SRV: PSYCHOLOGICAL	1	1648	1648	C	PROV2420
INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.					
COBOL NAME: SP-PSYCHOLOGICAL					

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #2 1 1649 1649 C PROV2425
INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.
COBOL NAME: SP-PSYCHOLOGICAL-2
VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: PSYCHOLOGICAL #3 1 1650 1650 C PROV2430
INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.
COBOL NAME: SP-PSYCHOLOGICAL-3
VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE 1 1651 1651 C PROV2455
INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.
COBOL NAME: SP-RESP-CARE
VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE #2 1 1652 1652 C PROV2460
INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.
COBOL NAME: SP-RESP-CARE-2
VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: RESPIRATORY CARE #3 1 1653 1653 C PROV2465
INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

COBOL NAME: SP-RESP-CARE-3

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL #2 1 1654 1654 C PROV2490

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL-2

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SOCIAL #3 1 1655 1655 C PROV2495

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL-3

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY #2 1 1656 1656 C PROV2510

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH-2

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

SRV: SPEECH PATHOLOGY #3 1 1657 1657 C PROV2515

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH-3

VALUES: 0 NOT PROVIDED
1 PROVIDED BY EMPLOYEES
2 PROVIDED UNDER ARRANGEMENT
3 PROVIDED BY INDEPENDENT CONTRACTOR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
VALUES: 01					AMBULATORY SURGICAL CENTER
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER.					
COBOL NAME: CATEGORY					
VALUES: 15					AMBULATORY SURGICAL CENTERS

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,					

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)
00060 BLUE CROSS (CONNECTICUT)
00070 BLUE CROSS (DELAWARE)
00090 BLUE CROSS (FLORIDA)
00101 BLUE CROSS (GEORGIA)
00121 HEALTH CARE SERVICE CORPORATION
00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)
00131 ADMINISTAR FEDERAL (CHICAGO)
00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
00150 BLUE CROSS (KANSAS)
00160 BLUE CROSS (KENTUCKY)
00180 BLUE CROSS (MAINE)
00190 BLUE CROSS (MARYLAND)
00200 BLUE CROSS (MASSACHUSETTS)
00210 BLUE CROSS (MICHIGAN)
00220 BLUE CROSS (MINNESOTA)
00230 BLUE CROSS (MISSISSIPPI)
00231 BLUE CROSS (LOUISIANA)
00241 BLUE CROSS (MISSOURI)
00250 BLUE CROSS (MONTANA)
00260 BLUE CROSS (NEBRASKA)
00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)
00450					BLUE CROSS (WISCONSIN)
00452					UNITED GOVERNMENT SERVICE - MI
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00510					BLUE SHIELD (ALABAMA)
00511					CAHABA
00520					BLUE SHIELD (ARKANSAS)
00528					BLUE SHIELD (ARKANSAS/LOUISIANA)
00542					BLUE SHIELD (CALIFORNIA)
00550					BLUE SHIELD (COLORADO)
00570					BLUE SHIELD (DELAWARE)
00580					BLUE SHIELD (DISTRICT OF COLUMBIA)
00590					BLUE SHIELD (FLORIDA)
00621					BLUE SHIELD (ILLINOIS)
00630					BLUE SHIELD (INDIANA)
00640					BLUE SHIELD (IOWA)
00650					BLUE SHIELD (KANSAS)
00655					BLUE SHIELD (KANSAS/NEBRASKA)
00660					BLUE SHIELD (KENTUCKY)
00690					BLUE SHIELD (MARYLAND)
00700					BLUE SHIELD (MASSACHUSETTS)
00710					BLUE SHIELD (MICHIGAN)
00720					BLUE SHIELD (MINNESOTA)

00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
00910					BLUE SHIELD (UTAH)
00930					BLUE SHIELD (WASHINGTON)
00951					WISCONSIN PHYSICIANS SERVICE
00952					WISCONSIN PHYSICIAN SERVICES - IL
00953					WISCONSIN PHYSICIAN SERVICES - MI
00973					BLUE SHIELD (PUERTO RICO)
00974					BLUE SHIELD (VIRGIN ISLANDS)
01010					AETNA (PEORIA)
01020					AETNA (ALASKA)
01030					AETNA (ARIZONA)
01040					AETNA (GEORGIA)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)

10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM					
RECORD TYPE	1	149	149	C	PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES:	A	ACCEPTED
	P	PENDING
	W	WORK

REGION CODE 2 150 151 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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Y	YES
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STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO

CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA

SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 8

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29					NEVADA
30					NEW HAMPSHIRE
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA
40					PUERTO RICO
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS
46					UTAH
47					VERMONT
48					VIRGIN ISLANDS
49					VIRGINIA
50					WASHINGTON
51					WEST VIRGINIA
52					WISCONSIN
53					WYOMING
56					CANADA
59					MEXICO
64					AMERICAN SAMOA
65					GUAM
66					SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					

FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACCREDITATION INDICATOR	1	263	263	C	PROV0010
INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR THE ACCREDITATION OF THE PROVIDER.					
COBOL NAME: ACCRED-STAT					
VALUES:	0				NONE
	1				JCAHO
	2				AAAHC
COMPLIANCE: LIFE SAFETY CODE	1	350	350	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES:	1				WAIVER RECOMMENDED
FISCAL YEAR ENDING DATE	4	372	375	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
RELATED PROVIDER NUMBER	10	502	511	C	PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS
MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH
DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD
WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

SRV: PHARMACY 1 553 553 C PROV2365

INDICATES HOW PHARMACY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHARMACY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY
2 PROVIDED THROUGH AN OUTSIDE SOURCE
3 COMBINATION

SRV: OTHER 1 1454 1454 C PROV2340

INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE
PROVIDED.

COBOL NAME: SP-OTHER

VALUES: N NOT OFFERED
Y OFFERED

DATE CENTER BEGAN PROVIDING SERV 8 1658 1665 C PROV0415

THE DATE AN AMBULATORY SURGICAL CENTER (ASC) BEGAN
PROVIDING HEALTH CARE SERVICES.

COBOL NAME: DT-SERVICE-BEGAN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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FREE STANDING INDICATOR (ASC)	1	1666	1666	C	PROV0550
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INDICATES IF THE AMBULATORY SURGICAL CENTER IS FREE
STANDING. THIS INDICATOR IS USED BY SOME STANDARD
REPORTS TO GET CERTAIN PROVIDER RANGES.

COBOL NAME: FREE-STAND-IND

VALUES: Y YES FREE STANDING

HOSPITAL BASED INDICATOR	1	1667	1667	C	PROV0565
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HOSPITAL BASED INDICATOR

COBOL NAME: HOSP-BASED-IND

VALUES: 1 HOSPITAL BASED

OPERATING ROOMS	2	1668	1669	N	PROV1055
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THE NUMBER OF OPERATING ROOMS IN AN AMBULATORY SURGICAL
CENTER.

COBOL NAME: NUM-OPERATING-ROOMS
 SPEC: CARDIOVASCULAR 1 1670 1670 C PROV2095
 INDICATES IF CARDIOVASCULAR SURGERY IS OFFERED BY AN
 AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-CARDIOVASCULAR
 VALUES: N NOT OFFERED
 Y OFFERED

SPEC: FOOT 1 1671 1671 C PROV2145
 INDICATES IF FOOT SURGERY IS OFFERED BY AN AMBULATORY
 SURGICAL CENTER.
 COBOL NAME: SP-FOOT
 VALUES: N NOT OFFERED
 Y OFFERED

SPEC: GENERAL 1 1672 1672 C PROV2150
 INDICATES IF GENERAL SURGERY IS OFFERED BY AN
 AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-GENERAL
 VALUES: N NOT OFFERED
 Y OFFERED

SPEC: NEUROLOGICAL 1 1673 1673 C PROV2240
 INDICATES IF NEUROLOGICAL SURGERY IS OFFERED BY AN
 AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-NEUROLOGICAL
 VALUES: N NOT OFFERED
 Y OFFERED

SPEC: OBSTETRICS/GYNECOLOGY 1 1674 1674 C PROV2260
 INDICATES IF OBSTETRICS/GYNECOLOGY SURGERY IS OFFERED
 BY AN AMBULATORY SURGICAL CENTER.
 COBOL NAME: SP-OBSTETR-GYNECOL
 VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
N					NOT OFFERED
Y					OFFERED

SPEC: OPHTHAMOLOGY 1 1675 1675 C PROV2290
 INDICATES IF OPHTHAMOLOGY SURGERY IS OFFERED BY AN
 AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-OPHTHAMOLOGY-SURG

VALUES: N NOT OFFERED
Y OFFERED

SPEC: ORAL 1 1676 1676 C PROV2305

INDICATES IF ORAL SURGERY IS OFFERED BY AN AMBULATORY
SURGICAL CENTER.

COBOL NAME: SP-ORAL

VALUES: N NOT OFFERED
Y OFFERED

SPEC: ORTHOPEDIC 1 1677 1677 C PROV2320

INDICATES IF ORTHOPEDIC SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-ORTHOPEDIC

VALUES: N NOT OFFERED
Y OFFERED

SPEC: OTOLARYNGOLOGY 1 1678 1678 C PROV2345

INDICATES IF OTOLARYNGOLOGY SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-OTOLARYNGOLOGY

VALUES: N NOT OFFERED
Y OFFERED

SPEC: PLASTIC 1 1679 1679 C PROV2400

INDICATES IF PLASTIC SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-PLASTIC

VALUES: N NOT OFFERED
Y OFFERED

SPEC: THORACIC 1 1680 1680 C PROV2525

INDICATES IF THORACIC SURGERY IS OFFERED BY AN
AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-THORACIC

VALUES: N NOT OFFERED
Y OFFERED

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
SPEC: UROLOGY	1	1681	1681	C	PROV2530
INDICATES IF UROLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER.					
COBOL NAME: SP-UROLOGY					
VALUES:	N	NOT OFFERED			
	Y	OFFERED			
SRV: EKG	1	1682	1682	C	PROV2135
INDICATES IF EKG SERVICES ARE PROVIDED BY AN AMBULATORY SURGICAL CENTER.					
COBOL NAME: SP-EKG					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED DIRECTLY BY THE FACILITY			
	2	PROVIDED THROUGH AN OUTSIDE SOURCE			
	3	COMBINATION			
SRV: LABORATORY	1	1683	1683	C	PROV2200
INDICATES HOW LABORATORY SERVICES ARE PROVIDED.					
COBOL NAME: SP-LABORATORY					
VALUES:	1	PROVIDED DIRECTLY BY THE FACILITY			
	2	PROVIDED THROUGH AN OUTSIDE SOURCE			
	3	COMBINATION			
SRV: RADIOLOGY	1	1684	1684	C	PROV2435
INDICATES HOW RADIOLOGY SERVICES ARE PROVIDED.					
COBOL NAME: SP-RADIOLOGY					
VALUES:	1	PROVIDED DIRECTLY BY THE FACILITY			
	2	PROVIDED THROUGH AN OUTSIDE SOURCE			
	3	COMBINATION			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 HOSPICE	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 16 HOSPICES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715

COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES:	1	ELIGIBLE TO PARTICIPATE			
	2	NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	38	75	112	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	113	117	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	00040	BLUE CROSS (CALIFORNIA)			
	00060	BLUE CROSS (CONNECTICUT)			
	00070	BLUE CROSS (DELAWARE)			

00090	BLUE CROSS (FLORIDA)
00101	BLUE CROSS (GEORGIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)

00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					

COBOL NAME: PROV-NUM
 RECORD TYPE 1 149 149 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 150 151 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230
 STATE ABBREVIATION
 COBOL NAME: STATE-ABBREV
 VALUES: AK ALASKA
 AL ALABAMA
 AR ARKANSAS
 AS AMERICAN SAMOA
 AZ ARIZONA
 CA CALIFORNIA
 CN CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS

VT VERMONT
WA WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN
WV WEST VIRGINIA
WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01 ALABAMA
02 ALASKA
03 ARIZONA
04 ARKANSAS
05 CALIFORNIA
06 COLORADO
07 CONNECTICUT
08 DELAWARE
09 DISTRICT OF COLUMBIA
10 FLORIDA
11 GEORGIA
12 HAWAII
13 IDAHO
14 ILLINOIS
15 INDIANA
16 IOWA
17 KANSAS
18 KENTUCKY
19 LOUISIANA
20 MAINE
21 MARYLAND
22 MASSACHUSETTS
23 MICHIGAN
24 MINNESOTA
25 MISSISSIPPI
26 MISSOURI
27 MONTANA
28 NEBRASKA
29 NEVADA

30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605

COBOL NAME: PHONE-NUM

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES :	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVL
	04	VOL-OTHER
	05	INVL-FAIL REQ
	06	INVL-AGREEMNT
	07	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.					

COBOL NAME: EXP-DT-1

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES:	01	VOLUNTARY NON-PROFIT - CHURCH
	02	VOLUNTARY NON-PROFIT - PRIVATE

03	VOLUNTARY NON-PROFIT - OTHER
04	PROPRIETARY - INDIVIDUAL
05	PROPRIETARY - PARTNERSHIP
06	PROPRIETARY - CORPORATION
07	PROPRIETARY - OTHER
08	GOVERNMENT - STATE
09	GOVERNMENT - COUNTY
10	GOVERNMENT - CITY
11	GOVERNMENT - CITY-COUNTY
12	COMBINATION GOV. & NONPROFIT
13	OTHER

ZIP CODE	5	233	237	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
COMPLIANCE: LIFE SAFETY CODE	1	350	350	C	PROV0240
INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN					
RECOMMENDED FOR A PROVIDER.					
COBOL NAME: COMPL-LSC					
VALUES: 1	WAIVER RECOMMENDED				
FISCAL YEAR ENDING DATE	4	372	375	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL					
YEAR.					
COBOL NAME: FISC-YR-END-DT					

LICENSED PRACT/VOCAT NURSES	7.2	383	389	N	PROV0955
NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-LPN-LVN					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
OTHER PERSONNEL	7.2	414	420	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					
REGISTERED NURSES	7.2	467	473	N	PROV1145
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-REG-NURS					
RELATED PROVIDER NUMBER	10	502	511	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					
SRV: OCCUPATIONAL THERAPY	1	544	544	C	PROV2270
INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-OCCUP-THERAPY					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			
	3	COMBINATION			
SRV: PHYSICAL THERAPY	1	554	554	C	PROV2370
INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.					
COBOL NAME: SP-PHYSICAL-THERAPY					
VALUES:	0	NOT PROVIDED			
	1	PROVIDED BY STAFF			
	2	PROVIDED UNDER ARRANGEMENT			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
3					COMBINATION

SRV: SPEECH PATHOLOGY 1 563 563 C PROV2505
 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
 COBOL NAME: SP-SPEECH-PATH
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

TYPE OF FACILITY 2 566 567 C PROV2890
 INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF
 FACILITY.
 COBOL NAME: TYPE-FACILITY
 VALUES: 01 HOSPITAL
 02 SKILLED NURSING FACILITY
 03 NURSING FACILITY
 04 HOME HEALTH AGENCY
 05 FREESTANDING HOSPICE

HOME HEALTH AIDES 7.2 1414 1420 N PROV0910
 NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES
 EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.
 COBOL NAME: NUM-HOME-HEALTH-AIDES

SRV: MEDICAL SOCIAL 1 1451 1451 C PROV2220
 INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED
 COBOL NAME: SP-MEDICAL-SOCIAL
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: NURSING 1 1452 1452 C PROV2250
 INDICATES HOW NURSING SERVICES ARE PROVIDED.
 COBOL NAME: SP-NURSING
 VALUES: 1 PROVIDED BY STAFF
 3 COMBINATION

SRV: OTHER 1 1454 1454 C PROV2340
 INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE
 PROVIDED.
 COBOL NAME: SP-OTHER
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TOTAL # OF EMPLOYEES THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY. THIS FIELD IS ALSO USED FOR OLD HOSPITAL RECORDS. COBOL NAME: TOT-EMPLOYEES	9.2	1577	1585	N	PROV2850
PHYSICIANS THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS	7.2	1604	1610	N	PROV1110
SRV: PHYSICIAN INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICIAN VALUES: 1 PROVIDED BY STAFF 3 COMBINATION	1	1645	1645	C	PROV2385
ACUTE/RESPITE CARE INDICATOR INDICATES IF THE HOSPICE PROVIDES ACUTE AND/OR RESPITE SHORT TERM INPATIENT CARE. COBOL NAME: ACUTE-RESPITE VALUES: A SHORT TERM INPATIENT ACUTE CARE PROV'D IN HSP B SHORT TERM INPATIENT RESPITE CARE PROV IN HSP C ST INPATIENT ACUTE & RESPITE CARE PROV IN HSP	1	1685	1685	C	PROV0015
COUNSELORS - STAFF THE NUMBER OF FULL-TIME EQUIVALENT COUNSELORS EMPLOYED BY A HOSPICE. COBOL NAME: NUM-STAFF-COUNSL	7.2	1686	1692	N	PROV1225
COUNSELORS - VOLUNTEER THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER COUNSELORS IN A HOSPICE. COBOL NAME: NUM-VOL-COUNSL	7.2	1693	1699	N	PROV1480
HOME HEALTH AIDES - VOLUNTEER THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER HOME HEALTH AIDES IN A HOSPICE. COBOL NAME: NUM-VOL-HHA	7.2	1700	1706	N	PROV1485
HOMEMAKERS - STAFF THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS EMPLOYED BY A HOSPICE.	7.2	1707	1713	N	PROV0915

COBOL NAME: NUM-HOMEMAKERS
 HOMEMAKERS - VOLUNTEER 7.2 1714 1720 N PROV1490
 THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS IN A
 HOSPICE.
 COBOL NAME: NUM-VOL-HOMEMKR
 LPNS/LVNS - VOLUNTEER 7.2 1721 1727 N PROV1495
 THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER LICENSED
 PRACTICAL/VOCATIONAL NURSES IN A HOSPICE.
 COBOL NAME: NUM-VOL-LPN-LVN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICAL SOCIAL WORKERS NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS EMPLOYED BY A HOSPITAL OR HOSPICE. COBOL NAME: NUM-MED-SOCIAL-WRKS	7.2	1728	1734	N	PROV0975
MEDICAL SOCIAL WORKERS - VOLUNTEER THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER MEDICAL SOCIAL WORKERS IN A HOSPICE. COBOL NAME: NUM-VOL-SOC-WORK	7.2	1735	1741	N	PROV1510
PHYSICIANS - VOLUNTEER THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER PHYSICIANS IN A HOSPICE. COBOL NAME: NUM-VOL-PHYS	7.2	1742	1748	N	PROV1500
REGISTERED NURSES - VOLUNTEER THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER REGISTERED NURSES IN A HOSPICE. COBOL NAME: NUM-VOL-REG-NURS	7.2	1749	1755	N	PROV1505
SRV: COUNSELING INDICATES HOW COUNSELING SERVICES ARE PROVIDED BY A HOSPICE. COBOL NAME: SP-COUNSELING VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 COMBINATION	1	1756	1756	C	PROV2115
SRV: HOME HEALTH AIDE INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY A HOSPICE. COBOL NAME: SP-HOME-HEALTH-AIDE VALUES: 0 NOT PROVIDED	1	1757	1757	C	PROV2165

1	PROVIDED BY STAFF
2	PROVIDED UNDER ARRANGEMENT
3	COMBINATION

SRV: HOME MAKER 1 1758 1758 C PROV2170
 INDICATES HOW HOME MAKER SERVICES ARE PROVIDED BY A
 HOSPICE.
 COBOL NAME: SP-HOME MAKER
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

SRV: MEDICAL SUPPLIES 1 1759 1759 C PROV2225
 INDICATES HOW MEDICAL SUPPLIES SERVICES ARE PROVIDED BY
 A HOSPICE.
 COBOL NAME: SP-MEDICAL-SUPPLIES
 VALUES: 0 NOT PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13
 HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
1					PROVIDED BY STAFF
2					PROVIDED UNDER ARRANGEMENT
3					COMBINATION

SRV: SHORT TERM INPATIENT CARE 1 1760 1760 C PROV2480
 INDICATES HOW SHORT TERM INPATIENT CARE SERVICES ARE
 PROVIDED BY A HOSPICE.
 COBOL NAME: SP-SHORT-TERM-INCARE
 VALUES: 0 NOT PROVIDED
 1 PROVIDED BY STAFF
 2 PROVIDED UNDER ARRANGEMENT
 3 COMBINATION

VOLUNTEERS - OTHER 7.2 1761 1767 N PROV1080
 THE NUMBER OF FULL-TIME EQUIVALENT OTHER VOLUNTEERS IN
 A HOSPICE.
 COBOL NAME: NUM-OTHER-VOLS
 VOLUNTEERS - TOTAL 9.2 1768 1776 N PROV2860
 THE NUMBER OF FULL-TIME VOLUNTEERS IN A HOSPICE.
 COBOL NAME: TOT-VOLS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 ORGAN PROCUREMENT					
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 17 ORGAN PROCUREMENT ORGANIZATIONS					

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS					
TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM					
REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION					
OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE					
WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY					
IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,					
WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR					

THE PROVIDER.
 COBOL NAME: SURVEY-DT-1
 ELIGIBILITY CODE 1 74 74 C PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: ELIG-CD
 VALUES: 1 ELIGIBLE TO PARTICIPATE
 2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM
 VALUES: 00010 BLUE CROSS (ALABAMA)
 00020 BLUE CROSS (ARKANSAS)
 00030 BLUE CROSS (ARIZONA)
 00040 BLUE CROSS (CALIFORNIA)
 00060 BLUE CROSS (CONNECTICUT)
 00070 BLUE CROSS (DELAWARE)
 00090 BLUE CROSS (FLORIDA)
 00101 BLUE CROSS (GEORGIA)
 00121 HEALTH CARE SERVICE CORPORATION
 00122 HCSC - MICHIGAN
 00123 HCSC OF MICHIGAN
 00130 BLUE CROSS (INDIANA)
 00131 ADMINISTAR FEDERAL (CHICAGO)
 00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
 00150 BLUE CROSS (KANSAS)
 00160 BLUE CROSS (KENTUCKY)
 00180 BLUE CROSS (MAINE)
 00190 BLUE CROSS (MARYLAND)
 00200 BLUE CROSS (MASSACHUSETTS)
 00210 BLUE CROSS (MICHIGAN)
 00220 BLUE CROSS (MINNESOTA)
 00230 BLUE CROSS (MISSISSIPPI)
 00231 BLUE CROSS (LOUISIANA)
 00241 BLUE CROSS (MISSOURI)
 00250 BLUE CROSS (MONTANA)
 00260 BLUE CROSS (NEBRASKA)
 00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE
 00280 BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)
00332					COMMUNITY MUTUAL INSURANCE CO
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)
00450					BLUE CROSS (WISCONSIN)
00452					UNITED GOVERNMENT SERVICE - MI
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00952					WISCONSIN PHYSICIAN SERVICES - IL
00953					WISCONSIN PHYSICIAN SERVICES - MI
01390					AETNA (WASHINGTON)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31145					NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE 8 118 125 C PROV1565
 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.
 COBOL NAME: PARTCI-DT
 PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
 COBOL NAME: PRIOR-CHOW-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	5	134	138	C	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM	10	139	148	C	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK	1	149	149	C	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01 I BOSTON 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE	2	150	151	C	PROV1725
SKELETON RECORD INDICATOR	1	152	152	C	PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 5

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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CO					COLORADO
CT					CONNECTICUT
DC					DISTRICT OF COLUMBIA
DE					DELAWARE
FL					FLORIDA
GA					GEORGIA
GU					GUAM
HI					HAWAII
IA					IOWA
ID					IDAHO
IL					ILLINOIS
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI

MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA)	2	155	156	C	PROV2700
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TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO

07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41					RHODE ISLAND
42					SOUTH CAROLINA
43					SOUTH DAKOTA
44					TENNESSEE
45					TEXAS

46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1	8	222	229	C	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 3 TERMINATION	1	230	230	C	PROV2880
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	2	231	232	C	PROV2885
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	233	237	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	240	242	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	243	245	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	246	246	C	SSAMSASZ
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	391	405	C	PROV0655

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 19 COMMUNITY MENTAL HEALTH CENTERS	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC	1	43	43	C	PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE	1	44	44	C	PROV2715

COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ELIGIBILITY CODE	1	74	74	C	PROV0455
INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: ELIG-CD					
VALUES:	1	ELIGIBLE TO PARTICIPATE			
	2	NOT ELIGIBLE TO PARTICIPATE			
FACILITY NAME	38	75	112	C	PROV0475
THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: FACILITY-NAME					
INTERMEDIARY NUMBER	5	113	117	C	PROV0605
A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER.					
COBOL NAME: INTER-CARRIER-NUM					
VALUES:	00010	BLUE CROSS (ALABAMA)			
	00020	BLUE CROSS (ARKANSAS)			
	00030	BLUE CROSS (ARIZONA)			
	00040	BLUE CROSS (CALIFORNIA)			
	00060	BLUE CROSS (CONNECTICUT)			
	00070	BLUE CROSS (DELAWARE)			
	00090	BLUE CROSS (FLORIDA)			
	00101	BLUE CROSS (GEORGIA)			
	00121	HEALTH CARE SERVICE CORPORATION			
	00122	HCSC - MICHIGAN			

00123	HCSC OF MICHIGAN
00130	BLUE CROSS (INDIANA)
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00160	BLUE CROSS (KENTUCKY)
00180	BLUE CROSS (MAINE)
00190	BLUE CROSS (MARYLAND)
00200	BLUE CROSS (MASSACHUSETTS)
00210	BLUE CROSS (MICHIGAN)
00220	BLUE CROSS (MINNESOTA)
00230	BLUE CROSS (MISSISSIPPI)
00231	BLUE CROSS (LOUISIANA)
00241	BLUE CROSS (MISSOURI)
00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00340	BLUE CROSS (OKLAHOMA)				
00350	BLUE CROSS (OREGON)				
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)				
00362	BLUE CROSS (INDEPENDENCE)				
00363	BLUE CROSS (WESTERN PENNSYLVANIA)				
00370	BLUE CROSS (RHODE ISLAND)				
00380	BLUE CROSS (SOUTH CAROLINA)				
00390	BLUE CROSS (TENNESSEE)				
00400	BLUE CROSS (TEXAS)				
00410	BLUE CROSS (UTAH)				
00423	BLUE CROSS (VIRGINIA/WEST VA)				
00430	BLUE CROSS (WASHINGTON & ALASKA)				
00450	BLUE CROSS (WISCONSIN)				
00452	UNITED GOVERNMENT SERVICE - MI				
00460	BLUE CROSS (WYOMING)				
00468	BLUE CROSS (NORTH CAROLINA FOR PR)				

00511	CAHABA
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP.					
COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN					
COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.					
COBOL NAME: PROV-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
RECORD TYPE	1	149	149	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.					
COBOL NAME: RECORD-TYPE					
VALUES:	A	ACCEPTED			
	P	PENDING			
	W	WORK			

REGION CODE 2 150 151 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	GA	GEORGIA
	GU	GUAM
	HI	HAWAII
	IA	IOWA
	ID	IDAHO
	IL	ILLINOIS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 5

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO
NV					NEVADA
NY					NEW YORK
OH					OHIO
OK					OKLAHOMA
OR					OREGON
PA					PENNSYLVANIA
PR					PUERTO RICO
RI					RHODE ISLAND
SC					SOUTH CAROLINA
SD					SOUTH DAKOTA
TN					TENNESSEE
TX					TEXAS
UT					UTAH
VA					VIRGINIA
VI					VIRGIN ISLANDS
VT					VERMONT
WA					WASHINGTON
WI					WISCONSIN
WV					WEST VIRGINIA
WY					WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700
TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.
COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
04					ARKANSAS
05					CALIFORNIA
06					COLORADO
07					CONNECTICUT
08					DELAWARE
09					DISTRICT OF COLUMBIA
10					FLORIDA
11					GEORGIA
12					HAWAII
13					IDAHO
14					ILLINOIS
15					INDIANA
16					IOWA
17					KANSAS
18					KENTUCKY
19					LOUISIANA
20					MAINE
21					MARYLAND
22					MASSACHUSETTS
23					MICHIGAN
24					MINNESOTA
25					MISSISSIPPI
26					MISSOURI
27					MONTANA
28					NEBRASKA
29					NEVADA
30					NEW HAMPSHIRE
31					NEW JERSEY
32					NEW MEXICO
33					NEW YORK
34					NORTH CAROLINA
35					NORTH DAKOTA
36					OHIO
37					OKLAHOMA
38					OREGON
39					PENNSYLVANIA

40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			

02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 230 230 C PROV2880
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION
 VALUES: 1 INITIAL
 3 TERMINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF CONTROL	2	231	232	C	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 PROPRIETARY 02 CHURCH RELATED 03 NONPROFIT CORPORATION 04 OTHER NONPROFIT 05 STATE 06 LOCAL 07 FEDERAL					

ZIP CODE 5 233 237 C PROV2905
 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.
 COBOL NAME: ZIP-CD
 FIPS STATE CODE 2 238 239 C FIPSTATE
 FIPS STATE CODE
 COBOL NAME: WS-FIPS-STATE

FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	C	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE					
STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING					
PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
RELATED PROVIDER NUMBER	10	502	511	C	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS					
MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH					
DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD					
WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.					
COBOL NAME: RELATED-PROV-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER	2	1	2	C	PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED					
NURSING FACILITIES AND HOSPITALS.					
COBOL NAME: CATEGORY-SUBTYPE-IND					
CATEGORY OF PROVIDER/SUPPLIER	2	3	4	C	PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE					
PROVIDER OR SUPPLIER.					
COBOL NAME: CATEGORY					
VALUES: 21	FEDERALLY QUALIFIED HEALTH CENTERS				

CHANGE OF OWNERSHIP COUNTER	2	5	6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER.					
COBOL NAME: CHOW-CNT					
CHANGE OF OWNERSHIP DATE	8	7	14	C	PROV0100
EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.					
COBOL NAME: CHOW-DT					
CITY	28	15	42	C	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.					
COBOL NAME: CITY					
COMPLIANCE: PLAN OF CORRECTION	1	43	43	C	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.					
COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1	COMPLIANCE BASED ON ACCEPTABLE POC				
COMPLIANCE: STATUS	1	44	44	C	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.					
COBOL NAME: STATUS-COMPL					
VALUES: A	IN COMPLIANCE				
B	NOT IN COMPLIANCE				
COUNTY CODE	3	45	47	C	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.					
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.					
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	C	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					
CURRENT SURVEY DATE	8	66	73	C	PROV2740
THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.					
COBOL NAME: SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE
2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)
00020 BLUE CROSS (ARKANSAS)
00030 BLUE CROSS (ARIZONA)
00040 BLUE CROSS (CALIFORNIA)
00060 BLUE CROSS (CONNECTICUT)
00070 BLUE CROSS (DELAWARE)
00090 BLUE CROSS (FLORIDA)
00101 BLUE CROSS (GEORGIA)
00121 HEALTH CARE SERVICE CORPORATION
00122 HCSC - MICHIGAN
00123 HCSC OF MICHIGAN
00130 BLUE CROSS (INDIANA)
00131 ADMINISTAR FEDERAL (CHICAGO)
00140 BLUE CROSS (IOWA/SOUTH DAKOTA)
00150 BLUE CROSS (KANSAS)
00160 BLUE CROSS (KENTUCKY)
00180 BLUE CROSS (MAINE)
00190 BLUE CROSS (MARYLAND)
00200 BLUE CROSS (MASSACHUSETTS)
00210 BLUE CROSS (MICHIGAN)
00220 BLUE CROSS (MINNESOTA)
00230 BLUE CROSS (MISSISSIPPI)
00231 BLUE CROSS (LOUISIANA)
00241 BLUE CROSS (MISSOURI)
00250 BLUE CROSS (MONTANA)
00260 BLUE CROSS (NEBRASKA)
00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280 BLUE CROSS (NEW JERSEY)
00290 BLUE CROSS (NEW MEXICO)
00308 BLUE CROSS (EMPIRE)
00310 BLUE CROSS (NORTH CAROLINA)
00320 BLUE CROSS (NORTH DAKOTA)

00332

COMMUNITY MUTUAL INSURANCE CO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00340					BLUE CROSS (OKLAHOMA)
00350					BLUE CROSS (OREGON)
00351					BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362					BLUE CROSS (INDEPENDENCE)
00363					BLUE CROSS (WESTERN PENNSYLVANIA)
00370					BLUE CROSS (RHODE ISLAND)
00380					BLUE CROSS (SOUTH CAROLINA)
00390					BLUE CROSS (TENNESSEE)
00400					BLUE CROSS (TEXAS)
00410					BLUE CROSS (UTAH)
00423					BLUE CROSS (VIRGINIA/WEST VA)
00430					BLUE CROSS (WASHINGTON & ALASKA)
00450					BLUE CROSS (WISCONSIN)
00452					UNITED GOVERNMENT SERVICE - MI
00460					BLUE CROSS (WYOMING)
00468					BLUE CROSS (NORTH CAROLINA FOR PR)
00511					CAHABA
00952					WISCONSIN PHYSICIAN SERVICES - IL
00953					WISCONSIN PHYSICIAN SERVICES - MI
01390					AETNA (WASHINGTON)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO
31144					NATIONAL HERITAGE INSURANCE CO
31145					NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333					TRAVELERS (NEW YORK)
51051					AETNA (PETALUMA)
51070					AETNA (FARMINGTON)
51100					AETNA (CLEARWATER)
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE 8 118 125 C PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE
MEDICARE AND/OR MEDICAID SERVICES.
COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615
 THE DATE OF A PRIOR CHANGE OF OWNERSHIP.
 COBOL NAME: PRIOR-CHOW-DT
 PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620
 A PREVIOUS INTERMEDIARY NUMBER.WHEN
 COBOL NAME: PRIOR-INTER-CARRIER-NUM
 PROVIDER NUMBER 10 139 148 C PROV1680
 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
 SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
 IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
 A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
 COBOL NAME: PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 RECORD TYPE 1 149 149 C PROV1720
 THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
 COBOL NAME: RECORD-TYPE
 VALUES: A ACCEPTED
 P PENDING
 W WORK

REGION CODE 2 150 151 C PROV1725
 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
 STATE IN WHICH THE PROVIDER IS LOCATED.
 COBOL NAME: REGION
 VALUES: 01 I BOSTON
 02 II NEW YORK
 03 III PHILADELPHIA
 04 IV ATLANTA
 05 V CHICAGO
 06 VI DALLAS
 07 VII KANSAS CITY
 08 VIII DENVER
 09 IX SAN FRANCISCO
 10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045
 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
 ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
 FOR THIS PROVIDER.
 COBOL NAME: SKELETON-IND
 STATE ABBREVIATION 2 153 154 C PROV3230
 STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CN	CANADA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	GA	GEORGIA
	GU	GUAM
	HI	HAWAII
	IA	IOWA
	ID	IDAHO
	IL	ILLINOIS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
IN					INDIANA
KS					KANSAS
KY					KENTUCKY
LA					LOUISIANA
MA					MASSACHUSETTS
MD					MARYLAND
ME					MAINE
MI					MICHIGAN
MN					MINNESOTA
MO					MISSOURI
MP					SAIPAN
MS					MISSISSIPPI
MT					MONTANA
MX					MEXICO
NC					NORTH CAROLINA
ND					NORTH DAKOTA
NE					NEBRASKA
NH					NEW HAMPSHIRE
NJ					NEW JERSEY
NM					NEW MEXICO

NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
-------------------	-----	-------	-----	------	----------

04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS

15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
52					WISCONSIN
53					WYOMING

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	C	PROV4770
TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES:	00	ACTIVE			
	01	VOL-MERG,CLOSE			
	02	VOL-REIMBURSE			
	03	VOL-RISK INVOL			
	04	VOL-OTHER			
	05	INVOL-FAIL REQ			
	06	INVOL-AGREEMNT			
	07	OTH-STATUS CHG			
TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.					
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	230	230	C	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
VALUES:	1	INITIAL			
	3	TERMINATION			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8
 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	2	231	232	C	PROV2885
VALUES: 01 RELIGIOUS AFFILIATION 02 PRIVATE 03 OTHER 04 PROPRIETARY 05 GOVERNMENT - STATE/COUNTY 06 GOVERNMENT - COMB. GOVT & VOL.					
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD	5	233	237	C	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	C	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	240	242	C	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	243	245	C	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	246	246	C	SSAMSASZ
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	15	391	405	C	PROV0655
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM	10	502	511	C	PROV1755
FEDERALLY FUNDED HEALTH CENTER INDICATED WHETHER THIS FQHC IS FEDERALLY FUNDED. COBOL NAME: FED-FUNDED-FFHC	1	1777	1777	C	PROV3710

VALUES: N NO
Y YES

FQHC APPROVED RHC PROVIDER # 6 1778 1783 C PROV3705
APPROVED FQHC'S RELATED RHC PROVIDER NUMBER.
COBOL NAME: APPROVED-RHC-PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FQHC APPROVED RURAL HEALTH CLINIC	1	1784	1784	C	PROV3700
INDICATES IF THE FQHC WAS A MEDICARE CERTIFIED RURAL HEALTH CLINIC.					
COBOL NAME: APPROVED-MEDICARE-RHC					
VALUES: N				NO	
Y				YES	

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 CLIA88 LABORATORY	2	1	2	C	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 22 CLIA88 LABORATORIES	2	3	4	C	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2	5	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	C	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY	28	15	42	C	PROV3225

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220
 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM
 REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION
 OF DEFICIENCIES.
 COBOL NAME: COMPL-ACCEPT-PLAN-COR
 VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715
 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE
 WITH PROGRAM REQUIREMENTS.
 COBOL NAME: STATUS-COMPL
 VALUES: A IN COMPLIANCE
 B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695
 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
 IS LOCATED.
 COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
 COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
 CURRENT FMS SURVEY DATE
 COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1	8	66	73	C	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE	1	74	74	C	PROV0455
FACILITY NAME	38	75	112	C	PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
	00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00290					BLUE CROSS (NEW MEXICO)
00308					BLUE CROSS (EMPIRE)
00310					BLUE CROSS (NORTH CAROLINA)
00320					BLUE CROSS (NORTH DAKOTA)

00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	CAHABA
00520	BLUE SHIELD (ARKANSAS)
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
00542	BLUE SHIELD (CALIFORNIA)
00550	BLUE SHIELD (COLORADO)
00570	BLUE SHIELD (DELAWARE)
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
00590	BLUE SHIELD (FLORIDA)
00621	BLUE SHIELD (ILLINOIS)
00630	BLUE SHIELD (INDIANA)
00640	BLUE SHIELD (IOWA)
00650	BLUE SHIELD (KANSAS)
00655	BLUE SHIELD (KANSAS/NEBRASKA)
00660	BLUE SHIELD (KENTUCKY)
00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MASSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000

POS RECORD LAYOUT

PAGE: 4

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
00825					BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860					BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865					BLUE SHIELD (PENNSYLVANIA)
00870					BLUE SHIELD (RHODE ISLAND)
00880					BLUE SHIELD (SOUTH CAROLINA)
00900					BLUE SHIELD (TEXAS)
00901					TRAILBLAZERS HEALTH ENTERPRISES
00910					BLUE SHIELD (UTAH)
00930					BLUE SHIELD (WASHINGTON)
00951					WISCONSIN PHYSICIANS SERVICE
00952					WISCONSIN PHYSICIAN SERVICES - IL
00953					WISCONSIN PHYSICIAN SERVICES - MI
00973					BLUE SHIELD (PUERTO RICO)
00974					BLUE SHIELD (VIRGIN ISLANDS)
01010					AETNA (PEORIA)
01020					AETNA (ALASKA)
01030					AETNA (ARIZONA)
01040					AETNA (GEORGIA)
01120					AETNA (HAWAII)
01290					AETNA (NEVADA)
01360					AETNA (NEW MEXICO)
01370					AETNA (OKLAHOMA)
01380					AETNA (OREGON)
01390					AETNA (WASHINGTON)
02050					OCCIDENTAL (CALIFORNIA)
05130					EQICOR (IDAHO)
05440					EQICOR (TENNESSEE)
05535					EQICOR (NORTH CAROLINA)
10071					TRAVELERS (RRB)
10230					TRAVELERS (CONNECTICUT)
10240					TRAVELERS (MINNESOTA)
10250					TRAVELERS (MISSISSIPPI)
10490					TRAVELERS (VIRGINIA)
10492					TRAVELERS - VIRGINIA SPECIAL PROJECT
11260					GENERAL AMERICAN
14330					GROUP HEALTH INC (NEW YORK)
16360					NATIONWIDE (OHIO)
16510					NATIONWIDE (WEST VIRGINIA)
17120					HAWAII MEDICAL SERVICE ASSOCIATION
21200					MASSACHUSETTS/MAINE
31142					NATIONAL HERITAGE INSURANCE CO (MAINE)
31143					NATIONAL HERITAGE INSURANCE CO

31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
51140					AETNA (PEORIA)
51390					AETNA (FORT WASHINGTON)
52280					MUTUAL OF OMAHA
57400					COOPERATIVA (PUERTO RICO)
PARTICIPATION DATE	8	118	125	C	PROV1565
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT					
PRIOR CHANGE OF OWNERSHIP	8	126	133	C	PROV1615
THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT					
PRIOR INTERMEDIARY NUMBER	5	134	138	C	PROV1620
A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM					
PROVIDER NUMBER	10	139	148	C	PROV1680
A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS- SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM					
RECORD TYPE	1	149	149	C	PROV1720
THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE					
VALUES:	A				ACCEPTED
	D				DELETED
	N				NOT-A-LAB
	P				PENDING
	W				WORK
REGION CODE	2	150	151	C	PROV1725
THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED.					

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	II	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	X	SEATTLE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SKELETON RECORD INDICATOR	1	152	152	C	PROV2045
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INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:	Y	YES
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STATE ABBREVIATION	2	153	154	C	PROV3230
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STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES:	AK	ALASKA
	AL	ALABAMA
	AR	ARKANSAS
	AS	AMERICAN SAMOA
	AZ	ARIZONA
	CA	CALIFORNIA
	CO	COLORADO
	CT	CONNECTICUT
	DC	DISTRICT OF COLUMBIA
	DE	DELAWARE
	FL	FLORIDA
	FN	FOREIGN
	GA	GEORGIA
	GU	GUAM

HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT

WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
LOCATED.

COBOL NAME: SSA-STATE

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	04	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
25					MISSISSIPPI
26					MISSOURI
27					MONTANA
28					NEBRASKA
29					NEVADA
30					NEW HAMPSHIRE

31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN
99	FOREIGN

STATES REGION CODE	3	157	159	C	PROV2710
FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION WITHIN THE STATE WHERE THE FACILITY IS LOCATED					
COBOL NAME: STATE-REGION-CD					
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.					
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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TERMINATION CODE # 1	2	220	221	C	PROV4770
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TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG
	08	NONPAYMENT OF FEES
	09	REV/UNSUCCESSFUL PARTICIPATION IN PT
	10	REV/OTHER REASON
	11	INCOMPLETE CLIA APPLICATION INFORMATION
	12	NO LONGER PERFORMING TESTS
	13	MULTIPLE TO SINGLE SITE CERTIFICATE
	14	SHARED LABORATORY
	15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE
	16	DUPLICATE CLIA NUMBER
	17	UNDELIVERABLE
	20	NOTIFICATION BANKRUPTCY
	33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
	99	OIG ACTION - DO NOT ACTIVATE

TERMINATION DATE/EXPIRATION DATE 1	8	222	229	C	PROV4500
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THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

COBOL NAME: EXP-DT-1

TYPE OF ACTION	1	230	230	C	PROV2880
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IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES:	1	INITIAL
	2	RECERTIFICATION
	3	TERMINATION
	4	CHANGE OF OWNERSHIP
	5	VALIDATION (CLIA 88)
	6	ONSITE SURVEY DUE TO FLEXIBLE SURVEY

TYPE OF CONTROL	2	231	232	C	PROV2885
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INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01
02

RELIGIOUS AFFILIATION
PRIVATE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
03					OTHER
04					PROPRIETARY
05					GOVERNMENT - CITY
06					GOVERNMENT - COUNTY
07					GOVERNMENT - STATE
08					GOVERNMENT - FEDERAL
09					GOVERNMENT - OTHER
10					UNKNOWN
ZIP CODE	5	233	237	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.					
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
FISCAL YEAR ENDING DATE	4	372	375	C	PROV0485
THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.					
COBOL NAME: FISC-YR-END-DT					
TYPE OF FACILITY	2	566	567	C	PROV2890
INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.					
COBOL NAME: TYPE-FACILITY					
VALUES: 01					AMBULATORY SURGERY CENTER
02					COMMUNITY CLINIC
03					COMPREHENSIVE OUTPATIENT REHAB

04	ANCILLARY TEST SITE
05	END STAGE RENAL DISEASE DIALYSIS
06	HEALTH FAIR
07	HEALTH MAINTENANCE ORGANIZATION
08	HOME HEALTH AGENCY
09	HOSPICE
10	HOSPITAL
11	INDEPENDENT
12	INDUSTRIAL
13	INSURANCE
14	INTERM. CARE FACIL. MENTALLY RETARDED
15	MOBILE UNIT
16	PHARMACY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
17	SCHOOL/STUDENT HEALTH SERVICE				
18	SKILLED NURSING/NURSING FACILITY				
19	PHYSICIAN OFFICE				
20	OTHER PRACTITIONER				
21	TISSUE BANK/REPOSITORIES				
22	BLOOD BANKS				
23	RHC/FQHC				
24	AMBULANCE				
25	OTHER				

ACCREDITED BY AABB	1	1785	1785	C	PROV4205
INDICATES IF THE LAB IS ACCREDITED THE AMERICAN ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.					
COBOL NAME: ACCRED-AABB-IND					
VALUES: X					YES

ACCREDITED BY AOA	1	1786	1786	C	PROV4200
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.					
COBOL NAME: ACCRED-AOA-IND					
VALUES: X					YES

ACCREDITED BY ASHI	1	1787	1787	C	PROV4225
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN					

SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS.
 THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.
 COBOL NAME: ACCRED-ASHI-IND
 VALUES: X YES

ACCREDITED BY CAP 1 1788 1788 C PROV4210
 INDICATES IF THE LAB IS ACCREDITED BY THE COLLEGE OF
 AMERICAN PATHOLOGISTS. THIS INFORMATION IS FROM THE
 LABORATORY'S HCFA-116.
 COBOL NAME: ACCRED-CAP-IND
 VALUES: X YES

ACCREDITED BY COLA 1 1789 1789 C PROV4215
 INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON
 OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS
 FROM THE LABORATORY'S HCFA-116.
 COBOL NAME: ACCRED-COLA-IND
 VALUES: X YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
 ACCREDITED BY JCAHO 1 1790 1790 C PROV4195
 INDICATES IF THE LAB IS ACCREDITED BY THE JOINT
 COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION.
 THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.
 COBOL NAME: ACCRED-JCAHO-IND
 VALUES: X YES

ACCREDITED TEST VOLUME FOR AABB 13 1791 1803 N PROV5685
 THE NUMBER OF TESTS PERFORMED ANNUALLY IN AN AABB
 ACCREDITED LAB. AABB REPORTS THIS INFORMATION TO HCFA.
 COBOL NAME: AABB-ANN-TEST-VOL
 ACCREDITED Y MATCH DATE AABB 8 1804 1811 C PROV5040
 THE DATE THE AMERICAN ASSOCIATION OF BLOOD BANKS
 NOTIFIES HCFA THAT LAB IS ACCREDITED WITH AABB. THE
 EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE
 CERTIFICATE OF ACCREDITATION FEES.
 COBOL NAME: ACCRED-AABB-DT

ACCREDITED Y MATCH DATE AOA	8	1812	1819	C	PROV5045
THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION. COBOL NAME: ACCRED-AOA-DT					
ACCREDITED Y MATCH DATE ASHI	8	1820	1827	C	PROV5055
THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION COBOL NAME: ACCRED-ASHI-DT					
ACCREDITED Y MATCH DATE CAP	8	1828	1835	C	PROV5060
THE DATE THE COLLEGE OF AMERICAN PATHOLOGIST NOTIFIES HCFA THAT LAB IS ACCREDITED BY CAP. THE EARLIEST Y MATCH DATE INITIATES THE BILLING FOR THE CERTIFICATE OF ACCREDITATION FEES. COBOL NAME: ACCRED-CAP-DT					
ACCREDITED Y MATCH DATE COLA	8	1836	1843	C	PROV5065
THE DATE THE COMMISSION ON OFFICE LABORATORY ACCREDITATION NOTIFIES HCFA THAT LAB IS ACCREDITED WITH COLA. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE CERTIFICATE OF ACCREDITATION FEES COBOL NAME: ACCRED-COLA-DT					
ACCREDITED Y MATCH DATE JCAHO	8	1844	1851	C	PROV5070
THE DATE THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS NOTIFIES HCFA THAT LAB IS ACCREDITED. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE CERTIFICATE OF ACCREDITATION FEES COBOL NAME: ACCRED-JCAHO-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ACCREDITED Y MATCH IND AAB	1	1852	1852	C	PROV4970
INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION. COBOL NAME: ACCRED-AABB-MATCH-IND VALUES: Y YES					
ACCREDITED Y MATCH IND AOA	1	1853	1853	C	PROV4975

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN
 OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED
 BY THE ACCREDITING ORGANIZATION.
 COBOL NAME: ACCRED-AOA-MATCH-IND
 VALUES: Y YES

ACCREDITED Y MATCH IND ASHI 1 1854 1854 C PROV4985
 INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN
 SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS.
 THIS INFORMATION IS SUPPLIED BY THE ACCREDITING
 ORGANIZATION.
 COBOL NAME: ACCRED-ASHI-MATCH-IND
 VALUES: Y YES

ACCREDITED Y MATCH IND CAP 1 1855 1855 C PROV4990
 INDICATES IF THE LAB IS ACCREDITED BY COLLEGE OF
 AMERICAN PATHOLOGISTS. THIS INFORMATION IS SUPPLIED BY
 THE ACCREDITING ORGANIZATION.
 COBOL NAME: ACCRED-CAP-MATCH-IND
 VALUES: Y YES

ACCREDITED Y MATCH IND COLA 1 1856 1856 C PROV4960
 INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON
 OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS
 SUPPLIED BY THE ACCREDITING ORGANIZATION.
 COBOL NAME: ACCRED-COLA-MATCH-IND
 VALUES: Y YES

ACCREDITED Y MATCH IND JCAHO 1 1857 1857 C PROV4995
 INDICATES IF LAB IS ACCREDITED BY THE JOINT
 COMMISSION ON ACCREDITAION OF HEALTHCARE ORGANIZATIONS.
 THIS INFORMATION IS SUPPLIED BY THE ACCREDITING
 ORGANIZATION.
 COBOL NAME: ACCRED-JCAHO-MATCH-IND
 VALUES: Y YES

AFFILIATED CLIA NUMBER 1 10 1858 1867 C PROV4240
 AFFILIATED CLIA NUMBER 1
 COBOL NAME: AFFIL-PROV-NUM-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 14
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

AFFILIATED CLIA NUMBER 2	10	1868	1877	C	PROV4245
AFFILIATED CLIA NUMBER 2					
COBOL NAME: AFFIL-PROV-NUM-2					
AFFILIATED CLIA NUMBER 3	10	1878	1887	C	PROV4250
AFFILIATED CLIA NUMBER 3					
COBOL NAME: AFFIL-PROV-NUM-3					
AFFILIATED CLIA NUMBER 4	10	1888	1897	C	PROV4255
AFFILIATED CLIA NUMBER 4					
COBOL NAME: AFFIL-PROV-NUM-4					
AFFILIATED CLIA NUMBER 5	10	1898	1907	C	PROV4260
AFFILIATED CLIA NUMBER 5					
COBOL NAME: AFFIL-PROV-NUM-5					
AFFILIATED CLIA NUMBER 6	10	1908	1917	C	PROV4265
AFFILIATED CLIA NUMBER 6					
COBOL NAME: AFFIL-PROV-NUM-6					
AFFILIATED CLIA NUMBER 7	10	1918	1927	C	PROV4270
AFFILIATED CLIA NUMBER 7					
COBOL NAME: AFFIL-PROV-NUM-7					
AFFILIATED CLIA NUMBER 8	10	1928	1937	C	PROV4275
AFFILIATED CLIA NUMBER 8					
COBOL NAME: AFFIL-PROV-NUM-8					
APPLICATION ACCRED ANNUAL TEST VOL	9	1938	1946	N	PROV4390
ACCREDITED ANNUAL TEST VOLUME. THIS FIELD IS CALCULATED					
USING THE CLIA APPLICATION DATA.					
COBOL NAME: APPL-ACCR-ANN-TEST-VOL					
APPLICATION ACCRED SCHEDULE CODE	1	1947	1947	C	PROV4365
ACCREDITATION SCHEDULE CODE. THIS SCHEDULE IS FIGURED					
USING THE CLIA APPLICATION DATA.					
COBOL NAME: APPL-ACCRED-SCHED-CD					
VALUES:	A	SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)			
	B	SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)			
	C	SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)			
	D	SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)			
	E	SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)			
	F	SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)			
	G	SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)			
	H	SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)			
	I	SPEC COUNT > 0 (500,001 TO 1,000,000 TOT. VOL.)			
	J	SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)			
	V	TOTAL VOLUME: 1 TO 2,000			
APPLICATION RECEIVED DATE	8	1948	1955	C	PROV4340
APPLICATION RECEIVED DATE. THE DATE THE APPLICATION WAS					
ADDED OR THE 109 DATA WAS UPDATED WITH APPLICATION DATA					
COBOL NAME: APPL-RECEIVED-DT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 15
 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
APPLICATION TOTAL ANNUAL TEST VOL APPLICATION TOTAL ANNUAL TEST VOLUME. THIS FIELD IS CALCULATED USING CLIA APPLICATION DATA. COBOL NAME: APPL-TOT-ANN-TEST-VOL	11	1956	1966	N	PROV4325
APPLICATION TYPE THE TYPE OF CLIA CERTIFICATE APPLIED FOR BY A LAB COBOL NAME: TYPE-APPLICATION VALUES: 1 CERT 2 WAIV 3 ACCR 4 PPMP 5 PART	1	1967	1967	C	PROV4695
CERT TYPE CODE # 1 A CODE THAT IDENTIFIES THE TYPE OF LABORATORY CERTIFICATE CURRENTLY IN EFFECT COBOL NAME: CERT-TYPE-CD-1 VALUES: 1 CERTIFICATE 2 WAIVER 3 ACCREDITATION 4 MICROSCOPY 5 PARTIAL ACC 9 REGISTRATION	1	1968	1968	C	PROV3810
CERTIFICATE MAILED DATE 1 CERTIFICATE MAILED DATE 1 COBOL NAME: CERT-MAILED-DT-1	8	1969	1976	C	PROV4700
CLIA CERT. EFFECTIVE DATE # 1 DATE THE CURRENT LABORATORY CERTIFICATE IS EFFECTIVE, DETERMINED BY THE APPROVAL DATE OF THE CERTIFICATE APPLICATION UNLESS OVERRIDDEN. COBOL NAME: EFF-DT-1	8	1977	1984	C	PROV3860
CLIA EXEMPT INDICATOR CLIA EXEMPT INDICATOR IDENTIFIES A LABORATORY LOCATED IN A STATE THAT IS EXEMPT FROM CLIA REQUIREMENTS. THE CLIA ADJUSTMENT PROGRAMS WILL NOT SEND BILLS OR ISSUE CERTIFICATES WHEN Y EXEMPT INDICATOR IS PRESENT.	1	1985	1985	C	PROV4605

COBOL NAME: CLIA-EXEMPT-IND
VALUES: Y YES

CLIA MEDICARE NUMBER 12 1986 1997 C PROV4885
CLIA MEDICARE NUMBER
COBOL NAME: CLIA-MEDICARE-NUM
FAX PHONE NUMBER 10 1998 2007 C PROV5800
THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR
THE OPERATOR OF THE LABORATORY
COBOL NAME: FAX-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 16
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MULTIPLE SITE CERTIFICATE IND INDICATES IF A LAB HAS APPLIED FOR ONE CERTIFICATE FOR MULTIPLE SITES. COBOL NAME: MULTI-SITE-IND VALUES: N NO Y YES	1	2008	2008	C	PROV4175
NON-PROFIT CODE NON-PROFIT CODE INDICATOR COBOL NAME: NON-PROFIT-IND VALUES: N NO Y YES	1	2009	2009	C	PROV4190
NUMBER NON-WAIVED INDIVIDUALS TOTAL NUMBER NON-WAIVED INDIVIDUALS LISTED ON PAGE 4 OF THE HCFA-116. COBOL NAME: TOT-NUM-NON-WAIVED-IND	9	2010	2018	N	PROV4330
NUMBER OF CLINICAL CONSULTANTS NUMBER OF CLINICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-CLIN-CONSULT	4	2019	2022	N	PROV4295
NUMBER OF DIRECTORS NUMBER OF DIRECTORS COBOL NAME: NUM-DIRECTORS	4	2023	2026	N	PROV4290
NUMBER OF GENERAL SUPERVISORS NUMBER OF GENERAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-GEN-SUPER	4	2027	2030	N	PROV4310

NUMBER OF LAB SITES	4	2031	2034	N	PROV4180
THE TOTAL NUMBER OF LAB SITES FOR WHICH A LAB HAS APPLIED FOR A SINGLE CERTIFICATE. COBOL NAME: TOT-NUM-SITES					
NUMBER OF LABS DIRECTLY AFFILIATED	1	2035	2035	N	PROV4235
NUMBER OF LABORATORIES DIRECTLY AFFILIATED COBOL NAME: NUM-AFFIL-LABS					
NUMBER OF TECHNICAL CONSULTANTS	4	2036	2039	N	PROV4300
NUMBER OF TECHNICAL CONSULTANTS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TECH-CONSULT					
NUMBER OF TECHNICAL SUPERVISORS	4	2040	2043	N	PROV4305
NUMBER OF TECHNICAL SUPERVISORS AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA-116 COBOL NAME: NUM-TECH-SUPER					
NUMBER OF TESTING PERSONNEL	4	2044	2047	N	PROV4315
NUMBER OF TEST PERSONNEL AS REPORTED ON THE LABORATORY APPLICAITON FORM HCFA-116 COBOL NAME: NUM-TEST-PERSONNEL					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 17
CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NUMBER WAIVED INDIVIDUALS	6	2048	2053	N	PROV4285
TOTAL NUMBER OF INDIVIDUALS INVOLVED IN WAIVED LABORATORY TESTING AS REPORTED ON THE LABORATORY APPLICATION FORM HCFA 116 COBOL NAME: TOT-NUM-WAIVED-IND					
PREVIOUSLY REGULATED INDICATOR	1	2054	2054	C	PROV3610
INDICATES IF THE LABORATORY WAS LICENSED UNDER CLIA 67 OR PARTICPATED IN THE MEDICARE/MEDICAID PROGRAMS. COBOL NAME: CLIA67-IND					
VALUES:	N			NO	
	Y			YES	
SHARED LAB CROSS REFERENCE #	10	2055	2064	C	PROV4890
SHARED LAB CROSS REFERENCE # COBOL NAME: SHARED-LAB-XREF-NUM					
SHARED LAB INDICATOR	1	2065	2065	C	PROV4880
SHARED LAB INDICATOR COBOL NAME: SHARED-LAB-IND					
VALUES:	Y			YES	

SURVEY CERTIFICATE SCHEDULE CODE 1 2066 2066 C PROV4470

1557 CERTIFICATE SCHEDULE CODE. THIS CODE IS SYSTEM
GENERATED AND IS BASED ON THE TEST VOLUME AND SPECIAL
TIES ENTERED INTO ODIE FOLLOWING THE SURVEY.
CLIA FEES ARE BASED ON THE SCHEDULE CODES.

COBOL NAME: SURV-CERT-SCHED-CD

VALUES: A	SPEC COUNT < 4	(2,001 TO 10,000 TOT. VOL.)
B	SPEC COUNT > 3	(2,001 TO 10,000 TOT. VOL.)
C	SPEC COUNT < 4	(10,001 TO 25,000 TOT. VOL.)
D	SPEC COUNT > 3	(10,001 TO 25,000 TOT. VOL.)
E	SPEC COUNT > 0	(25,001 TO 50,000 TOT. VOL.)
F	SPEC COUNT > 0	(50,001 TO 75,000 TOT. VOL.)
G	SPEC COUNT > 0	(75,001 TO 100,000 TOT. VOL.)
H	SPEC COUNT > 0	(100,001 TO 500,000 TOT. VOL.)
I	SPEC COUNT > 0	(500,001 TO 1,000,000 TOT VOL)
J	SPEC COUNT > 0	(1,000,001 OR MORE TOT. VOL.)
V	TOTAL VOLUME:	1 TO 2,000

SURVEY COMPLIANCE SCHEDULE CODE 1 2067 2067 C PROV4475

1557 COMPLIANCE SCHEDULE CODE THIS CODE IS SYSTEM
GENERATED AND IS BASED ON THE NUMBER OF TESTS AND
SPECIALTIES ENTERED INTO ODIE FOLLOWING THE SURVEY.
CLIA FEES ARE BASED ON THE SCHEDULE CODES.

COBOL NAME: SURV-COMPL-SCHED-CD

VALUES: A	SPEC COUNT < 4	(2,001 TO 10,000 TOT. VOL.)
B	SPEC COUNT > 3	(2,001 TO 10,000 TOT. VOL.)
C	SPEC COUNT < 4	(10,001 TO 25,000 TOT. VOL.)
D	SPEC COUNT > 3	(10,001 TO 25,000 TOT. VOL.)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 18

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
E					SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
F					SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
G					SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
H					SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
I					SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
J					SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
V					TOTAL VOLUME: 1 TO 2,000

SURVEY TEST VOLUME TOTAL 9 2068 2076 N PROV4460

SURVEY TEST VOLUME TOTAL. THE NUMBER OF TESTS PERFORMED

ANNUALLY IN A LABORATORY. THIS INFORMATION IS
COLLECTED AT THE TIME OF THE STATE SURVEY AGENCY
INSPECTION.

COBOL NAME: SURV-TOT-ANN-TEST-VOL

TERMINATION CODE 2 2077 2078 C PROV5805

THE REASON A LABORATORY'S CLIA CERTIFICATE HAS ENDED

COBOL NAME: TERM-CD

VALUES:	00	ACTIVE
	01	VOL-MERG,CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	07	OTH-STATUS CHG
	08	NONPAYMENT OF FEES
	09	REV/UNSUCCESSFUL PARTICIPATION IN PT
	10	REV/OTHER REASON
	11	INCOMPLETE CLIA APPLICATION INFORMATION
	12	NO LONGER PERFORMING TESTS
	13	MULTIPLE TO SINGLE SITE CERTIFICATE
	14	SHARED LABORATORY
	15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE
	16	DUPLICATE CLIA NUMBER
	17	UNDELIVERABLE
	20	NOTIFICATION BANKRUPTCY
	33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
	99	OIG ACTION - DO NOT ACTIVATE

TOTAL WAIVED TEST VOL 9 2079 2087 N PROV4280

TOTAL WAIVED TEST VOLUMES

COBOL NAME: TOT-ANN-TEST-VOL-WAIVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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